2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90246 022 ****61.25

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DOCUMENT # N27773

1. Entity Name

THE RESERVE AT LAKE TARPON COMMUNITY ASSOCIATION , INC.

Principal Place of Business	Mailing Address
GOLDSTAR MANAGEMENT CO. 34072 U.S. 19 NORTH PALM HARBOR FL 34684 US GOLDSTAR MANAGEMENT CO INC	GOLDSTAR MANAGEMENT CO 34072 U.S. 19 NORTH PALM HARBOR FL 34684 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2435 US HWY 19 STE 270	2435 US HWY 19 STE 270
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOLIDAY FL	HOLIDAY FL
City & State	City & State
34691 USA	34691 USA
Zip / Country	Zip / Country

4. FEI Number 59-2925191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDMAN, WILLIAM A 34072 U.S. 19 NORTH PALM HARBOR FL 34684	Name GOLDMAN WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 2435 US HWY 19 STE 270 HOLIDAY City FL Zip Code 34691

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: WILLIAM A. GOLDMAN (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE 3/13/02

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOPKA, WOLFGANG 3909 TARIAN COURT PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CYNTHIA SCOTT 3873 TALAH DRIVE PALM HARBOR, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCOTT, CINDY 3873 TALAH DR PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TED CHRONIS 3938 TARIAN CT PALM HARBOR, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, CHERYL 3898 TARIAN COURT PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARILYN REID 3895 TARIAN COURT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SE~~ VPD CHRONIS, TED G 3938 TARIAN CT PALM HARBOR FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YANN MOORE 3898 TARIAN COURT PALM HARBOR, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATALE, RICHARD 3901 TARIAN CT PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANE MILLER 3933 TARIAN COURT PALM HARBOR, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Scott PRESIDENT 3/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #