
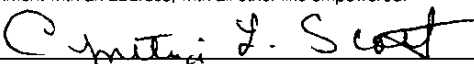


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 026 ****61.25

DOCUMENT # N27773 1. Entity Name THE RESERVE AT LAKE TARPON COMMUNITY ASSOCIATION, INC.					
Principal Place of Business GOLDSTAR MANAGEMENT CO INC. 2435 US HWY 19 STE 270 HOLIDAY, FL 34691 US			Mailing Address GOLDSTAR MANAGEMENT CO INC. 2435 US HWY 19 STE 270 HOLIDAY, FL 34691 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO 2435 US 19 STE 270 HOLIDAY, FL 34691				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VISSER, KENNETH 3825 TALAH DR PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chronis, Ted 3938 Tarian Ct. Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, CLAUDIA 3878 TARIAN CT PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Godwin, Joan 3874 Talah Dr. Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACKENZIE, SANDRA 2885 TALAH DRIVE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Scott, Cindy 3873 Talah Dr. Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMKO, PAM 3925 TARIAN CT PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Temko, Pam 3925 Tarian Ct Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, VIRGINIA 3933 TARIAN CT PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			1/24/07 727 789-0280		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		