


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 040 ****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	4. FEI Number 59-2925191	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHRONIS, TED		NAME	Briner, Shelley	
STREET ADDRESS	3938 TARIAN CT		STREET ADDRESS	3898 Talah Dr	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODWIN, JOAN		NAME	Daniels, J.m	
STREET ADDRESS	3874 TALAH DR		STREET ADDRESS	3958 Talah Dr	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, CINDY		NAME	Temko, Pam	
STREET ADDRESS	3873 TALAH DR		STREET ADDRESS	3925 TARIAN CT	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEMKO, PAM		NAME	Bennett, Virginia	
STREET ADDRESS	3925 TARIAN CT		STREET ADDRESS	3933 TARIAN CT	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENNETT, VIRGINIA		NAME	Demos, Steven	
STREET ADDRESS	3933 TARIAN CT		STREET ADDRESS	3909 Talah Dr	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Joan R Godwin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/29/05</u>		Daytime Phone #: <u>279421906</u>