


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90017 046 ****61.25

DOCUMENT # N92000000485 1. Entity Name RESERVATION LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 138 ALGONQUIN TRAIL MULBERRY, FL 33860 US			Mailing Address 138 ALGONQUIN TRAIL MULBERRY, FL 33860 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3155271	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, VIVIAN 138 ALGONQUIN TRAIL MULBERRY, FL 33860				7. Name and Address of New Registered Agent 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 <u>Vivian Johnson</u> <u>Vivian Johnson</u> <u>03-08-04</u> <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, 2004		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	D SHEFFIELD, REBECCA J 328 SEMINOLE TR MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sheffield Rebecca J 328 Seminole TR Mulberry FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS, ROGER 222 CHEROKEE TRAIL MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis Roger 222 Cherokee TR. Mulberry FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, AMY 136 ALGONQUIN TR MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 ALGONQUIN TRAIL 205 Cherokee TRAIL Mulberry FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, VIVIAN 138 ALGONQUIN TRAIL MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUIPER, SHANON 1033 IEQUBIS TR MULBERRY, FL 33860	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cross Gerald 1108 Moltican Trl. Mulberry FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KENNINGTON, DENISE 119 ALGONQUIN TRAIL MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Wald Pepper 132 Algonquin Trail Mulberry FL 33860
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: Vivian Johnson <u>Vivian Johnson</u> <u>03/08/04</u> <u>8634259069</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					