2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005958

FILED Jan 18, 2006 Secretary of State

Entity Name: NATURE'S RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2252 CAMP INDIANHEAD RD. LAND O" LAKES, FL 34639 US

Current Mailing Address: New Mailing Address:

23110 STATE ROAD 54 BOX #147 LUTZ, FL 33549 US

FEI Number: 65-0569362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANT, THOMAS A PRESIDE
23110 STATE ROAD 54

BOX #147

LUTZ, FL 33549 US

SILINCE, CAROLINE PRESIDE
23110 STATE ROAD 54

BOX #147

LUTZ, FL 33549 US

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: CAROLINE SILINCE 01/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 GRANT, THOMAS
 Name:
 SILINCE, CAROLINE

 Address:
 2252 CAMP INDIANHEAD RD.
 Address:
 2252 CAMP INDIANHEAD RD.

 City-St-Zip:
 LAND O" LAKES, FL 34639 US
 City-St-Zip:
 LAND O" LAKES, FL 34639 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: YODICE, JEAN Name: FATUZZO, MAGGIE VP

 Name:
 YODICE, JEAN
 Name:
 FATUZZO, MAGGIE

 Address:
 2336 CAMP INDIAN HEAD ROAD
 Address:
 2326 RESRVSE CT

 City-St-Zip:
 LAND O' LAKES, FL 34639 US
 City-St-Zip:
 LOL, FL 34639 US

Title: SD () Delete Title: TR (X) Change () Addition

 Name:
 ARISON, SANDRA
 Name:
 HARVEY, DAVID TR

 Address:
 2319 RESERVE COURT
 Address:
 2324 RESRVSE CT

 City-St-Zip:
 LAND O" LAKES, FL 34639 US
 City-St-Zip:
 LOL, FL 34639 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINE SILINCE PRES 01/18/2006