2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005958

FILED Feb 28, 2007 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:

SILINCE, CAROLINE PRESIDE
23110 STATE ROAD 54

BOX #147

LUTZ, FL 33549 US

GOLDEN, JEFF 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

in the State of Florida.

City-St-Zip:

SIGNATURE: JEFF GOLDEN 02/28/2007

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

LOL, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LOL, FL 34639 US

Title: PD () Delete Title: PD (X) Change () Addition Name: SILINCE, CAROLINE Name: GOLDEN, JEFF Address: 2252 CAMP INDIANHEAD RD. Address: 2352 CAMP INDIANHEAD RD. City-St-Zip: LAND O" LAKES, FL 34639 US

Title: VPD () Delete Title: SECR (X) Change () Addition Name: FATUZZO, MAGGIE VP Name: ENSLEY, MARICAL SECRETA Address: 2326 RESRVSE CT Address: 2326 RESRVSE CT

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

 Name:
 HARVEY, DAVID TR
 Name:

 Address:
 2324 RESRVSE CT
 Address:

 City-St-Zip:
 LOL, FL 34639 US
 City-St-Zip:

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: DAVID HARVEY TR 02/28/2007