2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# N95000003468

Entity Name: THE RESERVE AT HARSHAW HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 60132
ST. PETERSBURG, FL 33784 US

New Principal Place of Business:

3442 RESERVE CIRCLE NORTH
ST. PETERSBURG, FL 33713 US

Current Mailing Address:

P.O. BOX 60132
ST. PETERSBURG, FL 33784 US

New Mailing Address:

FEI Number: 59-3363149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALSH, RAY M D
3465 RESERVE CIRCLE NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V/S ( ) Delete
Name: KENNEDY, TODD P V/S
Address: 3435 RESERVE CIRCLE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D ( ) Delete
Name: WALSH, RAY M D
Address: 3465 RESERVE CIRCLE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D/T ( ) Delete
Name: MOSCHELLA, TINA D/T
Address: 3448 RESERVE CIRCLE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D ( ) Delete
Name: PATEL, KANTILAL D
Address: 3466 RESERVE CIRCLE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: N/A ( ) Delete
Name: N/A, N/A N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: D/P ( ) Delete
Name: TAYLOR, AIMEE D/P
Address: 3442 RESERVE CIRCLE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: RAY M WALSH D 02/14/2007

Electronic Signature of Signing Officer or Director — Date