2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90027 022 ****61.25

DOCUMENT # N96000004848

1. Entity Name
THE RESERVE AT GOLDEN ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
COMMUNITY MGMT. SERVICES INC. 8056 OLD C. R. 54 NEW PORT RICHEY, FL 34653 US	COMMUNITY MGMT. SERVICES INC. 8056 OLD C. R. 54 NEW PORT RICHEY, FL 34653 US

04072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6710 EMBASSY BLVD	PO Box 1407
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.
City & State: Port Richey FL	City & State: Port Richey FL
Zip: 34668 Country: PASCO	Zip: 34673 Country: PASCO

4. FEI Number 59-3427305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMUNITY MGMT SERVICES, INC. 8056 OLD CR 54 NEW PORT RICHEY, FL 34653	Name: MARYANN MYSZKOWIAK Street Address (P.O. Box Number is Not Acceptable): 6710 EMBASSY BLVD Suite 204 City: Port Richey FL Zip Code: 34668

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: _____ 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VD ROSSI, MIKE 10338 MIRACLE LANE NEW PORT RICHEY, FL 34654	☒ Delete	VP Anne Pennacchini 11611 Lakeview Dr New Port Richey FL 34654	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CULVER, TONY 10021 LIVINGWORD CT NEW PORT RICHEY, FL 34654	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUGES, JOHN 10407 CREATION CT NEW PORT RICHEY, FL 34654	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERLICH, PETER 11606 EASTERN STAR COURT NEW PORT RICHEY, FL 34654	☒ Delete	D Mary Zambratto 11549 Lakeview Dr New Port Richey FL 34654	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHAEFER, BILL 11607 EASTERN STAR CT NEW PORT RICHEY, FL 34654	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KRAINER, TIM 102131 CRASTIAN CT NEW PORT RICHEY, FL 34654	☐ Delete	TD Kramer, Tim 10431 Creation CT, New Port Richey FL 34654	☒ Change ☐ Addition

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: _____ 4-30-07 813-558-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #