

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005823

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE RESERVE OF OLD TAMPA BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1418
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 59-3416781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACK, HANSON B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

HANSON, JACK B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 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: JACK B HANSON

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEAL, RON
Address: 4105 CAUSEWAY VISTA DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: MERCHANT, JAKE
Address: 15429 BRUSHWOOD DR
City-St-Zip: TAMPA, FL 33615

Title: STD () Delete
Name: BARNES, RALPH
Address: 8618 TIDAL BAY LANE
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: YATES, PAUL
Address: 4128 CAUSEWAY VISTA DR
City-St-Zip: TAMPA, FL 33615

Title: TD () Change (X) Addition
Name: WAKSMAN, ALBERT
Address: 4132 CAUSEWAY VISTA DR
City-St-Zip: TAMPA, FL 33615

Title: D () Change (X) Addition
Name: BARNES, RALPH
Address: 8618 TIDAL BAY LANE
City-St-Zip: TAMPA, FL 33635

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: JACK B HANSON

RA

04/17/2007

Electronic Signature of Signing Officer or Director

Date