## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005823

FILED Mar 19, 2009 Secretary of State

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

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

3527 PALM HARBOR BLVD 2002 N LOIS AVE PALM HARBOR, FL 34683 SUITE 507

TAMPA, FL 33607

2002 N LOIS AVE

Current Mailing Address: New Mailing Address:

 3527 PALM HARBOR BLVD.
 2002 N LOIS AVE

 PALM HARBOR, FL 34683
 SUITE 507

 TAMPA, FL 33607

FEI Number: 59-3416781 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:

HANSON, JACK B MELROSE-SOVEREIGN COMPANIES 3527 PALM HARBOR BLVD

3527 PALM HARBOR BLVD SUITE 507 PALM HARBOR, FL 34683 US TAMPA, FL 33607 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: BRIAN K. LAMB 03/19/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COMMUNITY ASSOCIATION MANAGEMENT SVCS

Title: PD ( ) Delete Title: P (X) Change ( ) Addition Name: BARNES, JANICE Name: MARTIN, JOHN

Address: 4109 CAUSEWAY VISTA DRIVE Address: 4116 CAUSEWAY VISTA DRIVE

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615

Title: VPD ( ) Delete Title: VP (X) Change ( ) Addition Name: MERCHANT, JAKE Name: KNIGHT, LEANN

Address: 4125 CAUSEWAY VISTA DR Address: 4101 CAUSEWAY VISTA DR

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615

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

Name:ACTON, PEGGYName:LEISURE, REBECCAAddress:4111 CAUSEWAY VISTA DRAddress:4130 CAUSEWAY VISTA DR

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN K. LAMB CEO 03/19/2009