

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000004944 (1)**

1. Corporation Name

**THE RESERVE AT OCOEE HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business	Mailing Address
860 STATE RD 434 SUITE 7 ALTAMONTE SPRINGS FL 32714	860 STATE RD 434 SUITE 7 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3460176

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLD, H. SCOTT  
860 STATE RD 434 N  
SUITE 7  
ALTAMONTE SPRINGS FL 32714**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOLDMAN, WILLIAM J	
STREET ADDRESS	860 STATE RD 434	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Goodman, William J.	
1.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSMAN, NANCY	
STREET ADDRESS	6355 METROWEST BLVD SUITE 330	
CITY-ST-ZIP	ORLANDO FL 32835	

2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rossman, Nancy A.	
2.3 STREET ADDRESS	6355 MetroWest Blvd., Suite 330	
2.4 CITY-ST-ZIP	Orlando, FL 32835	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEINSTEIN, JEROME D	
STREET ADDRESS	860 STATE RD 434 N SUITE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Feinstein, Jerome D.	
3.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCGRAW, JOY	
STREET ADDRESS	860 STATE RD 434	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gold, JH. Scott	
4.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Grater, Howard	
5.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

**Jerome D. Feinstein 2/15/98 (407) 788-6555**

CP2E037 (10/97)