

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90002 024 \*\*\*\*61.25

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1. Corporation Name

THE RESERVE AT OCOEE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

860 STATE RD 434  
SUITE 7  
ALTAMONTE SPRINGS FL 32714

Mailing Address

860 STATE RD 434  
SUITE 7  
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/02/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3460176

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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 VD ☒ DELETE  
NAME GOODMAN, WILLIAM J  
STREET ADDRESS 860 STATE RD 434 NORTH, SUITE 7  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME ROSSMAN, NANCY A  
STREET ADDRESS 6355 METROWEST BLVD SUITE 330  
CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME FEINSTEIN, JEROME D  
STREET ADDRESS 860 STATE RD 434 NORTH, SUITE 7  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME GOLD, H. SCOTT  
STREET ADDRESS 860 STATE RD 434 NORTH, SUITE 7  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME GRATER, HOWARD  
STREET ADDRESS 860 S R 434 NORTH, SUITE 7  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 its 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome D Feinstein, President 3/11/99 (407) 798-6555

Date

Daytime Phone #

CR2E037 (1/98)