

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003129

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC1959552865**

**Entity Name:** THE RESERVE AT LAKE LECLARE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5447 E BEAUMONT CENTER BLVD.  
TAMPA, FL 33634

**Current Mailing Address:**

5447 E BEAUMONT CENTER BLVD.  
TAMPA, FL 33634 US

**FEI Number: 47-3604316**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PREMIER COMMUNITY CONSULTANTS, INC.  
18215 BRANCH ROAD  
HUDSON, FL 34667 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D/P  
Name VANDERWOUND, JAMES  
Address 5447 E BEAUMONT CENTER BLVD  
City-State-Zip: TAMPA FL 33634

Title D/VP  
Name CARLSON, GREGG  
Address 5447 E BEAUMONT CENTER BLVD.  
City-State-Zip: TAMPA FL 33634

Title S/T, DIRECTOR  
Name EGAN, JACOB  
Address 5447 E BEAUMONT CENTER BLVD  
City-State-Zip: TAMPA FL 33634

*I hereby 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 all other like empowered.*

SIGNATURE: JAMES VANDERWOUND

PRESIDENT

03/15/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date