Jan. 26. 2007 ...:19AM

2.

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-19-2007 90046 042 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000008272

1. Entity Name
THE RESERVE AT PORT ORANGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
420 SOUTH NOVA ROAD DAYTONA BEACH, FL 32114	420 SOUTH NOVA ROAD DAYTONA BEACH, FL 32114

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-4356064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STORCH, GLENN D 420 SOUTH NOVA ROAD DAYTONA BEACH, FL 32114	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make check payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARNA, MARK 15 ENGLE STREET STE 100 ENGLEWOOS, NJ 07631	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MONTAG, STEPHEN 15 ENGLE STREET STE 100 ENGLEWOOS, NJ 07631	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

[redacted] by Mark Sarna 1/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #