

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90296 020 \*\*\*\*61.25

**DOCUMENT # N10695**

1. Entity Name  
**RESERVE GOLF VILLAS 1-A ASSOCIATION, INC.**



Principal Place of Business  
**7605 BUTLER LANE  
PORT ST. LUCIE, FL 34986 US**

Mailing Address  
**7605 BUTLER LANE  
PORT ST. LUCIE, FL 34986 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2694307**

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

**MORGANO, BOB LCAM  
1304 SW BAYSHORE BLVD.  
PORT SAINT LUCIE, FL 34983**

Name **SMITH, LAWRENCE LCAM**

Street Address (P.O. Box Number is Not Acceptable)  
**1304 SW Bayshore Blvd**

City **Port St. Lucie** **FL** Zip Code **34983**

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

*Lawrence Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-7-06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE **VD** ☐ Delete  
NAME **FITZPATRICK, JOHN**  
STREET ADDRESS **7615 MAHOGANY RUN**  
CITY-ST-ZIP **PT ST. LUCIE, FL 34986**

TITLE **SD** ☒ Delete  
NAME **HANKEY, DANIEL**  
STREET ADDRESS **7600 BUTLER LANE**  
CITY-ST-ZIP **PT. ST. LUCIE, FL 34986**

TITLE **TD** ☐ Delete  
NAME **MOYER, BARRY**  
STREET ADDRESS **7605 BUTLER LANE**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE **D** ☒ Delete  
NAME **BUSKING, ROBERT**  
STREET ADDRESS **7610 MOHOGANY RUN**  
CITY-ST-ZIP **PT. ST. LUCIE, FL 34986**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President/Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary/Director** ☐ Change ☒ Addition  
NAME **June Heck**  
STREET ADDRESS **7625 Winged Foot Court**  
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **Weidner, Gloria A**  
STREET ADDRESS **7600 Winged Foot Court**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE **Vice President/Director** ☐ Change ☒ Addition  
NAME **Sam Beller**  
STREET ADDRESS **7620 VINTAGE WAY**  
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*B. Moyer Barry Moyer* **Apr 5/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

**772 489 2115**