

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10695

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

C/O BAYSHORE ASSOC. MGMT
430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

POB 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

FEI Number: 59-2694307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LAWRENCE LCAM
430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITZPATRICK, JOHN
Address: 7615 MAHOGANY RUN
City-St-Zip: PT ST. LUCIE, FL 34986

Title: SD () Delete
Name: HECK, JUNE
Address: 7625 WINGED FOOT CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: MOYER, BARRY
Address: 7605 WINGED FOOT CT.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: D () Delete
Name: WEIDNER, GLORIA
Address: 7600 WINGED FOOT CT
City-St-Zip: PORT ST. LUCIE, FL 34689

Title: VPD () Delete
Name: BELLER, SAM
Address: 7620 VINTAGE WY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FITZPATRICK, JOHN
Address: 7615 MAHOGANY RUN
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD (X) Change () Addition
Name: HECK, JUNE
Address: 7625 WINGED FOOT CT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY MOYER

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date