2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# N10695

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:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

FEI Number: 59-2694307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, WILLIAM L
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
Name: HECK, JUNE
Address: 7625 WINGED FOOT CT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD
Name: MEE, PENELOPE
Address: 7605 MAHOGANY RUN
City-St-Zip: PORT ST. LUCIE, FL 34986

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

Title: D
Name: BUSKING, ROBERT
Address: 7610 MAHOGANY RUN
City-St-Zip: PORT ST. LUCIE, FL 34689

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

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: BARRY MOYER TD 02/28/2011

Electronic Signature of Signing Officer or Director Date