

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 APR 17 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38473 (7)

1. Corporation Name

RESERVE G/T EQUITY ASSOCIATION, INC.

Principal Place of Business

MIDWAY RD PO BOX 12237
FT PIERCE FL 34979

Mailing Address

MIDWAY RD PO BOX 12237
FT PIERCE FL 34979

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1990

3a. Date of Last Report

03/14/1994

4. FEI Number

65-0236749

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

DERLE, DONALD F
7615 WINGED FOOT CT
PORT SAINT LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name

MARTIN, EVERETT

82 Street Address (P.O. Box Number is Not Acceptable)

9670 FAIRWOOD CT.

83

84 City

PORT ST LUCIE, FL

85 Zip Code

34986

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Everett Martin) (EVERETT MARTIN) TD

4/11/95

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

(NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

TEMPLE, HUNTER

STREET ADDRESS

7270 RESERVE CREEK DR

CITY - ST - ZIP

PORT ST LUCIE FL

TITLE

VD

NAME

VITRANO, VINCENT B

STREET ADDRESS

11168 LANDS END CHASE

CITY - ST - ZIP

PORT ST LUCIE FL

TITLE

TD

NAME

DERLE, DONALD F

STREET ADDRESS

7615 WINGED FOOT CT

CITY - ST - ZIP

PORT ST LUCIE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PD

12 NAME

VITRANO, VINCENT B

13 STREET ADDRESS

11168 LANDS END CHASE

14 CITY - ST - ZIP

PORT ST LUCIE FL 34986

21 TITLE

VD

22 NAME

KREILING, ROBERT T.

23 STREET ADDRESS

7336 MARSH TERRACE

24 CITY - ST - ZIP

PORT ST LUCIE FL 34986

31 TITLE

YD CASHEN, J. FRANK

32 NAME

7940 PLANTATION LANE DR

33 STREET ADDRESS

PORT ST LUCIE, FL 34986

34 CITY - ST - ZIP

PORT ST LUCIE, FL 34986

41 TITLE

TD

42 NAME

MARTIN, EVERETT

43 STREET ADDRESS

9670 FAIRWOOD CT

44 CITY - ST - ZIP

PORT ST LUCIE, FL 34986

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature of Everett Martin) EVERETT MARTIN

4/11/95 40746#6636