

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/04/1990

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0236749

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, EVERETT
9670 FAIRWOOD COURT
PORT SAINT LUCIE FL 34986

81 Name LOUIS V. D'ANGELO

82 Street Address (P.O. Box Number is Not Acceptable)
7813 LONG COVE WAY

83

84 City PORT ST. LUCIE FL 85 Zip Code 34986

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE LOUIS V. D'ANGELO TREAS

2/5/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VITRANO, VINCENT B
STREET ADDRESS 11168 LANDS END CHASE
CITY-ST-ZIP PORT ST LUCIE FL ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME KREILING, ROBERT T
STREET ADDRESS 7336 MARSH TERRACE
CITY-ST-ZIP PORT ST LUCIE FL ☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CASHEN, J. F
STREET ADDRESS 7940 PLANTATION LAKES DRIVE
CITY-ST-ZIP PORT ST LUCIE FL ☒ DELETE

31 TITLE VD
32 NAME BELLER, BARBARA
33 STREET ADDRESS 7620 VINTAGE WAY
34 CITY-ST-ZIP PORT ST. LUCIE, FL 34986 ☒ Change ☐ Addition

TITLE TD
NAME MARTIN, EVERETT
STREET ADDRESS 9670 FAIRWOOD COURT
CITY-ST-ZIP PORT ST. LUCIE FL ☒ DELETE

41 TITLE D'ANGELO, LOUIS V.
42 NAME
43 STREET ADDRESS 7813 LONG COVE WAY
44 CITY-ST-ZIP PORT ST. LUCIE, FL 34986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

2/5/96 407-460-7748

CR2E037 (12/95)