FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT #

N94000002557 (6)

PROPERTY OWNERS OF THE RESERVE, INC.

Principal Place of Business Mailing Address					T HOURING AND NOTE BOILD BOILD BOILD BOILD BOILD BOILD BOILD BIRGE BEITE BOELD HAD I				
401 E. OSCEOLA STREET SUITE 102 STUART FL		401 E. OSCEOLA STREET SUITE 102 STUART FL							
					 Date Incorporated or 05/20/1994 	Qualified	3a. Date of Las 05/01/		
Principal Place of Business		2a. Mailing Address			4. FEI Number NOT APPLICABLE			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			00 May Be	
Zıp	Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30 9. Name and Address of Current Registered Agent		10	Florida Statutes LJ Yes 10. Name and Address of New Register.			Yes 🛂 No		
	9. Name and Address of Current	Hegistered Agent	81	Name		10. Name and Address	o? New Hegi	stered Agent	
			9,	name)				
-	DEBORAH L			Street	t Address (P.O. Box Number is Not Acceptable)				
401 E. OSCEOLA STREET SUITE 102			83						
STUART	FL		84	City				F1 85 Z	ip Code
familiar will SiGNATURE	o the provisions of Sections 617,0502 ed agent, or both, in the State of Floridith, and accept the obligations of, Section Signature, typed or printed name of registered agent a	n 617.0503, Florida Statutes.	the above-r by the corp				for the purpos pt the appoint	se of changing its ment as registere	registered office d agent. I am
12. OFFICERS AND		DIRECTORS 13.				ADDITIONS/CHANG!	S TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	PD	⊠DELETE	1.1 TITLE		PD.			Change	Addition
NAME	MCCARTHY, HAROLD		1.2 NAME		Sch	ones, Henry	, Jr.		
STREET ADDRESS	7837 LONG GOVE WAY		1.3 STREET			3 Laurels I			
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		1.4 CITY - ST - ZIP			t St. Lucie	FL	34986	
TITLE	VP	⊠ DELETE	2 1 TITLE			D	_	Charige	Addition
NAME STREET ADDRESS	KREILING, ROBERT T. 7336 MARCH TERR.		2.2 NAME 2.3 STREET	ADDRESS		cett, James 20 Invernes			
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		2.3 STREET			t St. Lucie	_	34986	
TITLE	VD	⊠ DELETE	3 1 TITLE	31 ~ ZIP		asurer	-, +11	☐ Sq Change	Addition
NAME	FAWCETT, JAMES J.		3 2 NAME			derig, Alex			
STREET ADDRESS	10320 INVERNESS WAY		3.3 STREET	ADDRESS	795	2 Saddlebro	ook Dr	_	
C+TY+ST-ZIP	PORT ST. LUCIE FL 34986		3 4. CITY - 5	ST - ZIP		t St. Lucie		34986 JChange	
THTLE	T	⊠ DELETE	4 1 TITLE		SD			Change	Addition
NAME CIOSSI LEGGISSO	VITRANO, VINCENT B.		4 2 NAME			ngelo, June			
STREET ADDRESS	11168 LANOS END CHASE		4.3 STREET			3 Long Cove			
CITY-ST-ZIP TITLE	PORT ST. LUCIE FL 34986 SD	∏ D€LETE	4.4 CITY - S 5 1 TITLE	1-212	Por	t St. Lucie	· FL	34986 Change	☐ Addition
NAME	HECK, CARROLL G.	عاددات	5.2 NAME						
STREET ADDRESS	10314 INVERNESS WAY		5 3 STREET	ADDRESS				Ĺ	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		5 4 CITY - S			60000 	1864	1	
TITLE		DELETE	61 TITLE			-05/18/9t	01005	Change	Addition
NAME			6.2 NAME			***61.25			
STREET ADDRESS			6 3 STREET	ADDRESS					

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 certify 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

4/29/06

407-468-6640

/IC 6/17/9/

CR2E037 (12/95)