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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002557 (6)**

1. Corporation Name

PROPERTY OWNERS OF THE RESERVE, INC.

Principal Place of Business

Mailing Address

**401 E. OSCEOLA STREET
SUITE 102
STUART FL**

**401 E. OSCEOLA STREET
SUITE 102
STUART FL**

3. Date Incorporated or Qualified

05/20/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, DEBORAH L
401 E. OSCEOLA STREET
SUITE 102
STUART FL**

81 Name

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

83

84 City

FL

85 Zip Code

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

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** ☒ DELETE

NAME **SCHONES, HENRY JR**
STREET ADDRESS **7433 LAURELS PLACE**
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **NICHOLAS, JOHN**
1.3 STREET ADDRESS **7204 MARSH TER.**
1.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

TITLE **VP** ☐ DELETE

NAME **FAWCETT, JAMES**
STREET ADDRESS **10320 INVERNESS WAY**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

2.1 TITLE **D** ☒ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **SHULMAN, JACKIE**
STREET ADDRESS **10741 GREY HERON CT**
CITY-ST-ZIP **PORT ST. LUCIE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE **DVP** ☐ DELETE

NAME **PACKARD, DAVID**
STREET ADDRESS **2429 LAURELS PL**
CITY-ST-ZIP **PORT ST LUCIE FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

J. Shulman

J. SHULMAN

3/14/98

561-461-2276

CR2E037 (10/97)