

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002557

1. Entity Name

PROPERTY OWNERS OF THE RESERVE, INC.

Principal Place of Business

401 E. OSCEOLA STREET  
SUITE 102  
STUART FL

Mailing Address

401 E. OSCEOLA STREET  
SUITE 102  
STUART FL 34994-2503

2. Principal Place of Business

P.O. Box 880074

3. Mailing Address

P.O. Box 880074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

Zip

34988

Country

Zip

34988

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

ALICE SONDIKE

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

9407 AVENEL LANE

City

PORT ST LUCIE

FL

Zip Code

34986

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NICHOLAS, JOHN  
STREET ADDRESS 7204 MARSH TERR  
CITY-ST-ZIP PORT ST. LUCIE FL 34986 ☐ Delete

TITLE D  
NAME FAWCETT, JAMES  
STREET ADDRESS 10320 INVERNESS WAY  
CITY-ST-ZIP PORT ST. LUCIE FL 34986 ☐ Delete

TITLE TD  
NAME COREY, HAMILTON  
STREET ADDRESS 10720 GREY HERON COURT  
CITY-ST-ZIP PORT ST. LUCIE FL 34986 ☐ Delete

TITLE DVP  
NAME PACKARD, DAVID  
STREET ADDRESS 2429 LAURELS PL  
CITY-ST-ZIP PORT ST LUCIE FL ☒ Delete

TITLE SD  
NAME SONPIKE, ALI OG  
STREET ADDRESS 9470 AVENEL AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME NICHOLAS, JOHN  
STREET ADDRESS 7204 MARSH TERRACE  
CITY-ST-ZIP PORT ST LUCIE, FL 34986 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME COREY, HAMILTON  
STREET ADDRESS 10720 GREY HERON COURT  
CITY-ST-ZIP PORT ST LUCIE, FL 34986 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME SONDIKE, ALICE  
STREET ADDRESS 9407 AVENEL LANE  
CITY-ST-ZIP PORT ST LUCIE, FL 34986 ☒ Change ☐ Addition

TITLE TD  
NAME MARINO, DENO  
STREET ADDRESS 7316 MYSTIC WAY  
CITY-ST-ZIP PORT ST LUCIE, FL 34986 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE SONDIKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)