

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002557**

1. Entity Name

PROPERTY OWNERS OF THE RESERVE, INC.**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90051 012 ****61.25

0087679

Principal Place of Business

P.O. BOX 880074
PORT SAINT LUCIE FL 34988

Mailing Address

P.O. BOX 880074
PORT SAINT LUCIE FL 34988

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONDIKE, ALICE
9407 AVENEL LANE
PORT SAINT LUCIE FL 34988

Name

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

City

FL

Zip Code

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICHOLAS, JOHN
7204 MARSH TERR
PORT ST. LUCIE FL 34986 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAWCETT, JAMES
10320 INVERNESS WAY
PORT ST. LUCIE FL 34986 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COREY, HAMILTON
10720 GREY HERON COURT
PORT ST. LUCIE FL 34986 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SONDIKE, ALICE
9470 AVENEL AVENUE
PORT ST. LUCIE FL 34986 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MARINO, DENO
7316 MYSTIC WAY
PORT SAINT LUCIE FL 34986 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD SHULMAN, JACKIE
10741 GREY HERON CT
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:

Jackie Shulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

Date

561-461-2276

Daytime Phone #

CR2E037 (10/00)