

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002557

FILED
Mar 12, 2009
Secretary of State

Entity Name: PROPERTY OWNERS OF THE RESERVE, INC.

Current Principal Place of Business:

7825 SABLE LAKE DRIVE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880074
PORT SAINT LUCIE, FL 34988

New Mailing Address:

FEI Number: 65-0760333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
401 E. OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBB, HORACE
Address: 7825 SABLE LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: V () Delete
Name: BACHELOR, JANE
Address: 7234 MARSH TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T () Delete
Name: COTA, RICHARD E
Address: 8840 ONE PUTT PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Delete
Name: SIMONS, ROBERT
Address: 7224 MYSTIC WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: POVER, PETER
Address: 8028 LINKS WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. COTA

T

03/12/2009

Electronic Signature of Signing Officer or Director

Date