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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003733 (2)**

1. Corporation Name

THE RESERVE HOMEOWNERS' ASSOCIATION OF BREVARD, INC.



Principal Place of Business 1348 NELSON CT. ROCKLEDGE FL 32955	Mailing Address 1348 NELSON CT. ROCKLEDGE FL 32955-5103
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2. Principal Place of Business 21 884 Somerset Drive		2a. Mailing Address 25 884 Somerset Dr.		3. Date Incorporated or Qualified 07/28/1994	3a. Date of Last Report 02/12/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3098523	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23 Rockledge FL		City & State 27 Rockledge, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32955		Zip 29 32955		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25 USA		Country 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent VASILAKE, JOHN G 1348 NELSON CT ROCKLEDGE FL 32955		10. Name and Address of New Registered Agent 81 Name John G. Vasilake 82 Street Address (P.O. Box Number is Not Acceptable) 884 Somerset Dr. 83 84 City Rockledge FL 85 Zip Code 32955	
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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 *J.G. Vasilake* **J.G. Vasilake** **1-8-97**
Signature typed or printed name of registered agent and true 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	1.1 TITLE	PD
NAME	VASILAKE, JOHN G JR	1.2 NAME	John G. Vasilake
STREET ADDRESS	840 BREVARD AVE.	1.3 STREET ADDRESS	884 Somerset Drive
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	VD	2.1 TITLE	VD
NAME	MAZZURIO, ANDY S	2.2 NAME	Andy S. Mazzurco
STREET ADDRESS	1805 CANOVA ST.	2.3 STREET ADDRESS	503 Fifth Ave. Suite 200
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	Indianapolis, FL 32903
TITLE	STD	3.1 TITLE	STD
NAME	DAVIS, JAMES J	3.2 NAME	James J. Davis
STREET ADDRESS	1805 CANOVA ST.	3.3 STREET ADDRESS	503 Fifth Ave. Suite 200
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	Indianapolis, FL 32903
TITLE	D	4.1 TITLE	
NAME	MARION, PEGGY A	4.2 NAME	
STREET ADDRESS	210 SALMON DR. N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. I do 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.G. Vasilake* **John G. Vasilake** **1-8-97** **0514**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020287

CR2E037 (9/96)