

SECOND NOTICE: CORPORATION IS IN PROCESS OF DISSOLUTION AFTER SEVERAL YEARS OF INACTIVITY. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003733 (2)

1. Corporation Name

THE RESERVE HOMEOWNERS' ASSOCIATION OF BREVARD,
INC.

Principal Place of Business

Mailing Address

884 SOMERSET DRIVE
ROCKLEDGE FL 32955
US

884 SOMERSET DR
ROCKLEDGE FL 32955
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

VASILAKE, JOHN G
884 SOMERSET DR
ROCKLEDGE FL 32955

3. Date Incorporated or Qualified

07/28/1994

4. FEI Number

59-3098523

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81. Name

ANDREW S. MAZZURCO

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

1 BANYAN DRIVE

83.

OCALA

84. City

OCALA

FL

85. Zip Code

34472

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

ANDREW S. MAZZURCO

9/19/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD VASILAKE, JOHN G JR
884 SOMERSET DRIVE
ROCKLEDGE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VD MAZZURIO, ANDY S
503 FIFTH AVE., SUITE 200
INDIALANTIC FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

STD DAVIS, JAMES J
503 FIFTH AVE., SUITE 200
INDIALANTIC FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D MARION, PEGGY A
210 SALMON DR. N.E.
PALM BAY FL 32907

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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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:

ANDREW S. MAZZURCO

9/19/98

(352) 624-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 OCT 20 AM 10:57

SECRETARY OF STATE
FLORIDA



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