

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90288 025 *****70.00

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1. Entity Name

**THE PINES AT THE RESERVE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**9700 RESERVE BLVD
PORT ST LUCIE FL 34986
US**

Mailing Address

**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3418507

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

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HAUGER, DAVID**
STREET ADDRESS **9536 AVENEL LANE**
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE **VPS** ☐ Delete
NAME **SONDIKE, ALIVE**
STREET ADDRESS **9407 AVENEL LANE**
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE **T** ☒ Delete
NAME **MINDA, KI**
STREET ADDRESS **9501 AVENEL LANE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Elaine Mott**
STREET ADDRESS **9325 Avenel Lane**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Change ☒ Addition
NAME **Susan Somers**
STREET ADDRESS **9313 Avenel Lane**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Change ☒ Addition
NAME **VP/Sec. Katherine Sanatroce**
STREET ADDRESS **9331 Avenel Lane**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Elaine Mott