## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000724

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

Entity Name: THE PINES AT THE RESERVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9700 RESERVE BLVD 2140 RESERVE PARK TRACE PORT ST LUCIE, FL 34986 PORT ST LUCIE, FL 34986 US **Current Mailing Address: New Mailing Address:** 21045 COMMERCIALTRAIL BOCA RATON, FL 33486 US FEI Number: 59-3418507 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM K. ISAACSON, ISAACSON, WILLIAM K 21045 COMMERICIAL TRAIL 21045 COMMERICIAL TRAIL BOCA RATON, FL 33486 BOCA RATON, FL 33486 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: WILLIAM K. ISAACSON 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MOTT, ELAINE PRES MOTT, ELAINE PRES Name: Name: 9325 AVENUE LANE Address: 9325 AVENUE LANE Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34986 US Title: () Delete Title: (X) Change ( ) Addition SOMERS, SUSAN Name: SOMERS, SUSAN Name: Address: 9313 AVENUE LANE Address: 9313 AVENUE LANE City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34986 US Title: **VPS** () Delete Title: (X) Change ( ) Addition SANATROCE, KATHERINE SANATROCE, KATHERINE Name: Name: 9331 AVENUE LANE Address: 9331 AVENUE LANE Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34986 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: ROSE, RUSS 9506 AVENEL LANE Address: Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34986 US Title: () Delete Title: ( ) Change (X) Addition DAVENPORT, CHRIS Name: Name:

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.

Address:

City-St-Zip:

9219 AVENEL LANE

PORT ST. LUCIE, FL 34986 US

SIGNATURE: RUSS ROSE T 04/23/2009