

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089266 (7)

1. Corporation Name:

THE RESERVE AT SPRUCE CREEK, INC.



Principal Place of Business

Mailing Address

846 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

846 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-334460

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOBALIA, DIPAK
846 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of Registered Agent (not required if agent is a corporation)

4-25-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	DIPAK D. JOBALIA	
STREET ADDRESS	846 RIVERSIDE DR.	
CITY-STATE-ZIP	ORMOND BEACH, FL 32176	
TITLE	Secretary	☐ DELETE
NAME	TERRY C. JOHNSON	
STREET ADDRESS	P.O. Box 291338	
CITY-STATE-ZIP	Port Orange FL 32129	
TITLE	Vice President	☐ DELETE
NAME	TERRY C. JOHNSON JR.	
STREET ADDRESS	P.O. Box 291338	
CITY-STATE-ZIP	Port Orange FL 32129	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4828 South Peninsula Dr.
2.4 CITY-STATE-ZIP	Port Orange - FL 32127
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	4828 South Peninsula Dr.
3.4 CITY-STATE-ZIP	Port Orange, FL 32127
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	900001844859
5.4 CITY-STATE-ZIP	-05/30/96--01077--029
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 904-673-9444
Date Date & Phone #

CR2E034 (12/95)