

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jun 27 1996 8:00 am
Secretary of State

DOCUMENT # V12130

(3)

1. Corporation Name

RESERVE REALTY SALES, INC.

Principal Place of Business

**9501 RESERVE BLVD.
PORT ST. LUCIE FL 34986**

Mailing Address

**9501 RESERVE BLVD.
PORT ST. LUCIE FL 34986**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WARD, MATTHEW A
7801 SADDLEBROOK DR
PORT ST LUCIE FL 34986**

3. Date Incorporated or Qualified

02/06/1992

3a. Date of Last Report

03/23/1995

4. FEI Number

65-0310275

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

10. Name and Address of New Registered Agent

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 of person filing this report (agent, director, officer, etc.)

Signature of Registered Agent (if not the same person as above)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **WARD, MATTHEW A**
STREET ADDRESS **7801 SADDLEBROOK DR**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE SD ☐ DELETE

NAME **WARD, MICHAEL D**
STREET ADDRESS **7801 SADDLEBROOK DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE D ☐ DELETE

NAME **NOBLE, ROBERT**
STREET ADDRESS **7801 SADDLEBROOK DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE D ☐ DELETE

NAME **WARD, CHRISTOPHER**
STREET ADDRESS **7801 SADDLEBROOK DR**
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **V/D**
1.3 STREET ADDRESS **WARD, MATTHEW A.**
1.4 CITY-ST-ZIP **7801 SADDLEBROOK DR**
PORT ST. LUCIE, FL 34986

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **P/D**
3.3 STREET ADDRESS **NOBLE, ROBERT**
7801 SADDLEBROOK DRIVE
3.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 119.07(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

Matthew A. Ward Vice-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW A. WARD

6/19/96

407-465-2000

CR2E034 (12/95)