

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006230

**FILED  
Apr 20, 2015  
Secretary of State  
CC4067082201**

**Entity Name:** OWNERS' ASSOCIATION OF THE RESERVATION, INC.

**Current Principal Place of Business:**

106 TRADE CIRCLE WEST  
SUITE H  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

106 TRADE CIRCLE WEST  
SUITE H  
PORT ST. JOE, FL 32456 US

**FEI Number:** 90-0222537

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GULF COAST PROPERTY SERVICES, LLC  
106 TRADE CIRCLE WEST  
SUITE H  
PORT ST. JOE, FL 32456 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           DUFFY, LOUISE  
Address        2416 HYDE MANOR DR  
City-State-Zip: ATLANTA GA 30327

Title           DIRECTOR  
Name           ROBBINS, JOHN  
Address        P.O. BOX 468  
City-State-Zip: PANAMA CITY FL 32402

Title           DIRECTOR  
Name           MCGUFF , DALE  
Address        1396 GEORGIANA TERRACE  
City-State-Zip: THE VILLAGES FL 32162

*I hereby 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 all other like empowered.*

**SIGNATURE:** LOUISE DUFFY

**DIRECTOR**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date