

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 768909 (4)  
1. Corporation Name  
THE RESERVE ASSOCIATION, INC.



Principal Place of Business: 2160 RESERVE PARK TRACE PT ST LUCIE FL 34986  
Mailing Address: 2160 RESERVE PARK TRACE PT ST LUCIE FL 34986

3. Date Incorporated or Qualified: 06/13/1983  
4. FEI Number: 59-2765469  
Applied For: Not Applicable

2. Principal Place of Business: 21 9700 Reserve Plvd. Suite, Apt. #, etc. 22  
2a. Mailing Address: 26 9700 Reserve Blvd. Suite, Apt. #, etc. 27  
City & State: 23 Port St. Lucie, FL Zip: 24 34986 Country: 25 US  
City & State: 28 Port St. Lucie, FL Zip: 29 34986 Country: 30 US

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
T. SCOTT WINGFIELD  
2160 RESERVE PARK TRACE  
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent  
81 Name: John C. Csapo  
82 Street Address (P.O. Box Number is Not Acceptable): 9700 Reserve Blvd.  
83  
84 City: Port St. Lucie FL 85 Zip Code: 34986

11. Pursuant to the provisions of Sections 617.002 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/29/98  
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLCOMB, JOHN <input checked="" type="checkbox"/> DELETE	1.2 NAME	Csapo, John C.
STREET ADDRESS	2160 RESERVE PARK TRACE	1.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	PD	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINGFIELD, T SCOTT <input checked="" type="checkbox"/> DELETE	2.2 NAME	Tompson, John R.
STREET ADDRESS	2160 RESERVE PARK TRACE	2.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP	PT ST LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	VSTD	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, CHRISTINE <input checked="" type="checkbox"/> DELETE	3.2 NAME	Daniel, Christie
STREET ADDRESS	2160 RESERVE PARK TRACE	3.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP	PT ST LUCIE FL	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Robert Va1
STREET ADDRESS		5.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/29/98

CR2E037 (10/97)