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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90059 001 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768909**

1. Corporation Name  
**THE RESERVE ASSOCIATION, INC.**

Principal Place of Business 9700 RESERVE BLVD PT ST LUCIE FL 34986 US	Mailing Address 9700 RESERVE BLVD PT ST LUCIE FL 34986 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/13/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2765469
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**CSAPO, JOHN C**  
**9700 RESERVE BLVD**  
**PORT ST. LUCIE FL 34986**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	CSAPO, JOHN C	
STREET ADDRESS	9700 RESERVE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOMPSON, JOHNR	
STREET ADDRESS	9700 RESERVE BLVD	
CITY-ST-ZIP	PT ST LUCIE FL 34986	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, CHRISTIE	
STREET ADDRESS	9700 RESERVE BLVD	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAIL, ROBERT	
STREET ADDRESS	9700 RESERVE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gelfand, Jayme
3.3 STREET ADDRESS	9700 Reserve Blvd.
3.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34986
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jara, Steve
4.3 STREET ADDRESS	9700 Reserve Blvd.
4.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34986
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)