

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770369 (7)
1. Corporation Name
RESERVE COMMERCE CENTRE ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/22/1983** 3a. Date of Last Report **07/26/1994**
4. FEI Number **59-2765471** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.012 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. Suto, Apt. #, etc. 26. Suto, Apt. #, etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

**WINGFIELD, THOMAS SCOTT
2160 RESERVE PARK TRACE
PT 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. City
84. City **FL** 85. Zip Code

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

Signature of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is not the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD WINGFIELD, THOMAS SCOTT
2160 RESERVE PARK TRACE
PT ST LUCIE FL**
**VST PERKINS, CHRISTINE
2160 RESERVE PARK TRACE
PT. ST. LUCIE FL**
**D PERKINS, CHRISTINE
2160 RESERVE PARK TRACE
PT. ST. LUCIE FL**
**D HOLCOMB, JOHN W.
2160 RESERVE PARK TRACE
PT. ST. LUCIE FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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, above, and is in accordance with an address.

SIGNATURE

Thomas Scott Wingfield
T. Scott Wingfield
SIGNATURE AND TYPED OR PRINTED NAME OF MOING OFFICER OR DIRECTOR

June 7, 1995

(409) 468-4604