

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90193 005 ****61.25

DOCUMENT # 770369

1. Corporation Name

RESERVE COMMERCE CENTRE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2160 RESERVE PARK TRACE
PT ST LUCIE FL 34986
US

2160 RESERVE PARK TRACE
PT ST LUCIE FL 34986
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

09/22/1983

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

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 John C. Csapo
82 Street Address (P.O. Box Number is Not Acceptable)
2160 Reserve Park Trace
83
84 City Port St. Lucie FL 85 Zip Code 34986

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME WINGFIELD, THOMAS SCOTT
STREET ADDRESS 2160 RESERVE PARK TRACE
CITY-ST-ZIP PT ST LUCIE FL

TITLE VST ☒ DELETE

NAME PERKINS, CHRISTINE
STREET ADDRESS 2160 RESERVE PARK TRACE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE D ☒ DELETE

NAME PERKINS, CHRISTINE
STREET ADDRESS 2160 RESERVE PARK TRACE
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE D ☒ DELETE

NAME HOLCOMB, JOHN W.
STREET ADDRESS 2160 RESERVE PARK TRACE
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 VP D ☐ Change ☒ Addition

1.2 NAME John Csapo
1.3 STREET ADDRESS 2160 Reserve Park Trace
1.4 CITY-ST-ZIP Pt. St. Lucie, FL. 34986

2.1 TITLE VP D ☐ Change ☒ Addition

2.2 NAME John Thompson
2.3 STREET ADDRESS 2160 Reserve Park Trace
2.4 CITY-ST-ZIP Pt. St. Lucie, FL. 34986

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Steve Jara
3.3 STREET ADDRESS 2160 Reserve Park Trace
3.4 CITY-ST-ZIP Pt. St. Lucie, FL. 34986

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Jayme Gelfand
4.3 STREET ADDRESS 2160 Reserve Park Trace
4.4 CITY-ST-ZIP Pt. St. Lucie, FL. 34986

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Thompson 1/19/99

Date

Daytime Phone #

CR2E037 (11/98)

0075156