2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 Al Secretary of State

DOCUMENT # 770369 1. Entity Name RESERVE COMMERCE CENTRE ASSOCIATION, INC.							Secretary of Sta				
Principal Place of Business 2160 RESERVE PARK TRACE PT ST LUCIE, FL 34986 US				Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US			-				
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03172008	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Number 59-2765	471			oplied For of Applicable
Zip Country			Žip Cou			intry	5. Certificate of	of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered				d Agent			7. Name and	Address of New	Registered		
1044000		M				Name					•"
ISAACSON, WILLIAM K C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL					Street Address (P.O. Bo			is Not Acceptat	e)		<u> </u>
BOCA RA										-	
						City			FL	Zip Cod	е
	named entit tions of regist	y submits this statement for tered agent.	r the purpo	ose of changing its	register	ed office or registe	red agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if appl	icable. (NOTE	Registere	d Agent signature required	d when reinstating)		DATE		
1 4 5											
	Filling Fee is \$61.25 Due by May 1, 2008							_			
1.7 . 				9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees	Fic		k payable to	
10.			RECTORS			on.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Fic	rida Depai	rtment of St	tate
TITLE	VPD	OFFICERS AND DIR	RECTORS		ontributi	on.		Fic	rida Depai	rtment of St	tate
TIFLE NAME	VPD CSAPO, J	May 1, 2008 OFFICERS AND DIR	RECTORS	Trust Fund C	11. TITLE	ion.		NGES TO OFFIC	ERS AND DI	RECTORS IN Change	tate 4
TITLE NAME STREET ADDRESS	VPD CSAPO, J 2160 RES	OFFICERS AND DIR JOHN SERVE PARK TRACE	RECTORS	Trust Fund C	11. TITLE NAMI	E E ET ADDRESS		NGES TO OFFIC	ers and di	RECTORS IN Change	tate 4
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CSAPO, J 2160 RES PT ST LU DVPS VAIL, ROI 2160 RES	OFFICERS AND DIR SERVE PARK TRACE ICIE, FL BERT BERVE PARK TRACE	ECTORS	Trust Fund C	11. TITLE NAMM STRE CITY TITLE NAMM STRE CATY CATY	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		NGES TO OFFIC	ers and di	RECTORS IN Change	tate 3 110 Addition . 00 Addition
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Martha Dake Choplety P SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. 7 3 0 0

Daytime Phone #