2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90014 009 ****70.00

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1. Entity Name
SPYGLASS/RESERVE PROPERTY OWNERS ASSOCIATION, INC.

4UIUU446

Principal Place of Business	Mailing Address
2160 NW RESERVE PARK TRACE PORT ST LUCIE, FL 34986	2160 NW RESERVE PARK TRACE PORT ST LUCIE, FL 34986

03172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1075275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FURMAN, SUE 8805 BALLY BUNION RD PORT ST LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ANN FARINA 8713 BALLY BUNION PORT St Lucie FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS SHILAKES, RON 8704 BALLY BUNION RD PORT SAINT LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATRICIA PARETTA 8716 BALLY BUNION PORT ST. LUCIE FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SLONIN, LISA 7732 BALLY BUNION RD PORT ST LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec / TREA CAROL Shilakes 8704 BALLY BUNION PORT ST LUCIE FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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: Carol D. Shilakes 4/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #