

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007782

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

2160 NW RESERVE PARK TRACE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

C/O SOUNDVIEW PROPERTY MANAGEMENT
2061 INDIAN RIVER BLVD
VERO BEACH, FL 32960

Current Mailing Address:

2160 NW RESERVE PARK TRACE
PORT ST LUCIE, FL 34986

New Mailing Address:

C/O SOUNDVIEW PROPERTY MANAGEMENT
2061 INDIAN RIVER BLVD
VERO BEACH, FL 32960

FEI Number: 65-1075275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH ESQ
759 SOUTH FEDERAL HWY
STE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

PALESTRINI, PAUL
2061 INDIAN RIVER BLVD
VERO BEACH, FL 32960 US

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.

SIGNATURE: PAUL PALESTRINI

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARINA, ANN
Address: 8713 BALLY BUNION
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: PARETTA, PATRICIA
Address: 8716 BALLY BUNION
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ST () Delete
Name: SHILAKES, CAROL
Address: 8704 BALLY BUNION
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHIN-ALEONG, WANDA
Address: 8808 BALLY BUNION
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S/T (X) Change () Addition
Name: SHILAKES, CAROL
Address: 8704 BALLY BUNION
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PALESTRINI

M

04/22/2009

Electronic Signature of Signing Officer or Director

Date