NO300007426

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TALL AMASSEE FLORID.

15 ve/8/20

COVER LETTER

TO: Ar	mendment Section lyision of Corporations			
	•			
SUBJECT: Tompson Point/Reserve Property Owners Association, Inc. (Name of Corporation)				
DOCUMENT NUMBER: N03000007426				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
James Zahara				
(Name of Contact Person)				
(Firm/Company)				
8604 Tompson Point Road				
(Address)				
Port St. Lucie, FL 34986				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
	at (,		
	(Name of Contact Person)	Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address:		
		Amendment Section Division of Corporations		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	the provisions of sections 607.0502, 617.0502, change is submitted for a corporation organize rder to change its registered office or registere	ed under the laws of the State of <u>F</u>	Florida
1. The name of	of the corporation: Tompson Point/Reserv	e Property Owners Association	on, Inc.
	pal office address: 2160 NW Reserve Park		
3. The mailing	ng address (if different): Same		
4. Date of inc	corporation/qualification: 08-27-2003	Document number: N03000	007426
	and street address of the current registered ages	nt and registered office on file with	the ARE S
	Csapo, John		ARY ASSE
	1601 Forum Place, Suite 80	5	P. FLO
	West Palm Beach, FL 33401		ORIG ORIG
6. The name a (if changed	and street address of the new registered agent (d):	if changed) and /or registered offic	ce ,
	Deborah L. Ross, Esquire		
	759 S. Federal Highway, Su	ite 212	,
	(P.O. Box NOT acceptable) Stuart, FL 34994		
The street ade as changed w	ddress of its registered office and the street adwill be identical.	dress of the business office of its	registered agent,
Such change authorized by	e was authorized by resolution duly adopted by the board, or the corporation has been notified.	y its board of directors or by an older in writing of the change.	officer so
(5)9	exercity of an officer or director)	JAMES ZAHARAKO (Printed or typed name and t	PRES.
I hereby acce I further agre of my duties, document is t corporation t	rept the appointment as registered agent and ree to comply with the provisions of all statute, and I am familiar with and accept the obligations filed merely to reflect a change in the has been notified in writing of this change.	agree to act in this capacity. 25 relative to the proper and com ation of my position as registered registered office address, I hereb	plete performance l agent. Or, if this y confirm that the
	M Car	4/21/00	
	(Signature of Registered Agent)	(Date)	
If signing on	n behalf of an entity:		
	(Typed or Printed Name)		
	* * * FILING FEE	: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)