

NO 3000007426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

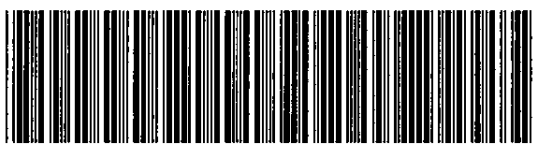
(Business Entity Name)

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TALLAHASSEE, FLORIDA

As of 8/10/06
AS/UD

COVER LETTER

TO: Amendment Section
Division 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 Zaharako
(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

