


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 033 ****61.25

DOCUMENT # N03000007426	
1. Entity Name TOMPSON-POINT/RESERVE PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 2160 NW RESERVE PARK TRACE PORT ST LUCIE, FL 34986	Mailing Address 2160 NW RESERVE PARK TRACE PORT ST LUCIE, FL 34986
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40047818



2. Principal Place of Business - No P.O. Box # 4300 LAKE WILKEY PLACE City & State PORT ST LUCIE FL Zip 34986 Country US		3. Mailing Address PO-Box 880038 City & State PORT ST LUCIE FL Zip 34988 Country US	
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03112008 Chg-NP CR2E037 (12/06)

4. FEI Number 57-1184792	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ 759 S FEDERAL HWY, SUITE 212 STUART, FL 34994	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAHARAMO, JAMES 8604 TOMPSON POINT ROAD PORT SAINT LUCIE, FL 34986 <i>ZAHARAKO</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZAHARAKO, JAMES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MICHALOPOULOS, CHRIS 8708 TOMPSON POINT ROAD PORT ST LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SCHIFILLITI, SALVATORE 8708 TOMPSON POINT ROAD PORT SAINT LUCIE, FL 34986 <i>SCHIFILLITI</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHIFILLITI, SALVATORE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>SALVATORE SCHIFILLITI</i>	Date 3-12-08	Daytime Phone # 772-462-0095
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