

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007426

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** TOMPSON POINT/RESERVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BAYSHORE ASSOC. MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BAYSHORE ASSOC. MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 57-1184792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH L ESQ  
759 S FEDERAL HWY, SUITE 212  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

C/O BAYSHORE ASSOCIATION MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986 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: SALVATORE SCHIFILLITI

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ZAHMARAKO, JAMES  
Address: 8604 TOMPSON POINT ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DVS ( ) Delete  
Name: MICHALOPOULOS, CHRIS  
Address: 8708 TOMPSON POINT ROAD  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DVT ( ) Delete  
Name: SCHIFILLITI, SALVATORE  
Address: 8700 TOMPSON POINT ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DVS (X) Change ( ) Addition  
Name: MICHALOPOULOS, CHRIS  
Address: 8710 TOMPSON POINT ROAD  
City-St-Zip: PORT ST LUCIE, FL 34986

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

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: SALVATORE SCHIFILLITI

DVT

04/03/2009

Electronic Signature of Signing Officer or Director

Date