

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007426

FILED  
Apr 05, 2011  
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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LEARY, WILLIAM  
Address: 8733 TOMPSON POINT ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONNA MARAVELL

CAM

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date