

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90129 042 \*\*\*\*70.00

**DOCUMENT # N04000002250**

1. Entity Name

**BRIARCLIFF/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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**20-1260070**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CSAPO, JOHN C  
1601 FORUM PLACE  
STE 805  
W PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CSAPO, JOHN C  
STREET ADDRESS 2160 NW RESERVE PARK TRACE  
CITY-ST-ZIP PORT ST LUCIE FL 34986 ☒ Delete

TITLE ☒ Change ☐ Addition  
NAME ROY DAVIDSON  
STREET ADDRESS 2160 NW RESERVE PARK TR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE VPSD  
NAME VAIL, ROBERT  
STREET ADDRESS 2160 NW RESERVE PARK TRACE  
CITY-ST-ZIP PORT ST LUCIE FL 34986 ☒ Delete

TITLE ☒ Change ☐ Addition  
NAME VPIS  
STREET ADDRESS LAWRENCE FEROPOLI  
CITY-ST-ZIP 2160 NW RESERVE PARK TR.  
PORT ST. LUCIE FL 34986

TITLE VPTD  
NAME TOMPSON, JOHN  
STREET ADDRESS 2160 NW RESERVE PARK TRACE  
CITY-ST-ZIP PORT ST LUCIE FL 34986 ☒ Delete

TITLE ☒ Change ☐ Addition  
NAME KEVIN VOLLER  
STREET ADDRESS 2160 NW RESERVE PARK TR.  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Roy H. Davidson*

**ROY A. DAVIDSON**

**3/6/06 772-467-1299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #