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May 10, 1999 8:00 am
Secretary of State
05-10-1999 90135 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

582329 - 90006 - 50

DOCUMENT # N10694

1. Corporation Name
RESERVE CREEK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2160 RESERVE PARK TRACE PORT ST. LUCIE FL 34986	2160 RESERVE PARK TRACE PORT ST. LUCIE FL 34986

2. Principal Place of Business	2a. Mailing Address
21 9700 Reserve Blvd.	26 9700 Reserve Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, FL	City & State 28 Port St. Lucie, FL
Zip 24 34986 Country 25	Zip 29 34986 Country 30

3. Date Incorporated or Qualified: 08/14/1985
4. FEI Number: 59-2765468 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

T. SCOTT WINGFIELD
2160 RESERVE PARK TRACE
PT. ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name: John CSAPO
82 Street Address (P.O. Box Number is Not Acceptable): 9700 Reserve Blvd
83
84 City: Port St. Lucie FL 85 Zip Code: 34986

11. Pursuant to the provisions of Sections 617.0500 and 617.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John CSAPO PRES. — 6/1/99 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DI	☒ DELETE	1.1 TITLE	PDS	☐ Change ☒ Addition
NAME	HOLCOMB, JOHN		1.2 NAME	CSAPO, John	
STREET ADDRESS	2160 RESERVE PARK TRACE		1.3 STREET ADDRESS	9700 Reserve Blvd	
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	WINGFIELD, T SCOTT		2.2 NAME	Tompson, John	
STREET ADDRESS	2160 RESERVE PARK TRACE		2.3 STREET ADDRESS	9700 Reserve Blvd.	
CITY-ST-ZIP	PT ST LUCIE FL		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	VSTD	☒ DELETE	3.1 TITLE	T, D	☐ Change ☒ Addition
NAME	DANIEL, C		3.2 NAME	JARA, Steve	
STREET ADDRESS	190 WOODCREST DR		3.3 STREET ADDRESS	9700 Reserve Blvd	
CITY-ST-ZIP	PSL FL 34986		3.4 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CR2E037 (11/98)