

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007426

Entity Name: TOMPSON POINT/RESERVE PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Feb 24, 2021
Secretary of State
9270971757CC**Current Principal Place of Business:**430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US**FEI Number: 57-1184792****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WATSON 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: KIMBERLY SNYDER****02/24/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	SEMINARIO-MEHLNBECK, PATRICIA
Address	C/O WATSON ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	VP, TREASURER
Name	BONNER, JAMES
Address	C/O WATSON ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	PRESIDENT
Name	SCHIFILLITI, SALVATORE
Address	C/O WATSON ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE
City-State-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: SALVATORE SCHIFILLITI**PRESIDENT****02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date