

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007426

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

**FILED**  
**Mar 28, 2022**  
**Secretary of State**  
**3487425267CC**

**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**

**03/28/2022**

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 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**

**03/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date