## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #751528**

Principal Place of Business

P.O. BOX 391

1. Entity Name CONSERVATORY ESTATES HOMEOWNERS ASSOCIATION, INC.



Mailing Address P.O. BOX 391

**FILED** Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90347 023 \*\*\*\*61.25

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2. Principal Place of Business 3. Maili				ling Address									
Suite, Apt. #, etc. Suit				ite, Apt. #, etc.			03032006	Chg-NP	CR2E	037 (11/05)			
City & State City & State				y & State	State			4. FEI Numbe 59-2223			}	plied For	
Zip		Country Zip Cou				ıntry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6 Name	and Address of Current	l Pogletore	d Acent		1		7 Name and	Address of No.	r Decirtors			
	0. REII0	Elia Facilitas di Califolii	r ivogistoi e	o vilour		7. Name and Address of New Registered Agent Name							
THOMPSO	N, STEPH	HEN WESQ.											
1205 MAN	ATEE AVE	ENUE WEST				Street Address (P.O. Box Number is Not Acceptable)							
BRADENT	ON, FL 3	4205						······································					
						City				F	L Zip Cod	e	
8. The above	named entity	submits this statement f	or the purp	ose of changing its	register	ed office or	register	ed agent, or both	h, in the State of	Florida. I ar	n familiar with,	and accept	
the obligat	ions of regist	ered agent.		• •	•		•	•				•	
SIGNATURE .													
	Signature, typed	or printed name of registered agen	t and title if app	ticable. (NOTI	E: Flegistere	d Agent signes	ure required	when renstating)		DATE			
Filing Fee is \$61.25 9. Election Campaign F					inancino		\$5.00 May B		Make che	ck payable t	D .		
	-	lay 1, 2006		Trust Fund (				Added to Fees			artment of S		
10.		OFFICERS AND D	IRECTORS		11.			ADDITIONS/CH/	VIGES TO OFFI	CERS AND I	DIRECTORS IN	10	
MLE	Р			Delete	πL	E	Ρ				Change	Addition	
NAME	SKOGLU	ID, LEONARD			NAM	E	WA	LSH, TE	RRENCE		_ •	_	
STREET ADDRESS	8065 EST.	ATES DR.			STRE	ET ADORESS	793	34 CYPRI	ESS LAK	E DK.			
CITY-ST-ZIP	SARASOT	A, FL 34243			СПҮ	-ST-ZIP	SA	RASOTA	.FL 3	1243			
TITLE	V			☐ Delete	TITL	E	l	1 ru E			Change	Addition	
NAME	DESOFI, (	OLIVER			NAM	E	3/	1145					
STREET ADDRESS	5101 EST.	ATES CIRCLE			STRE	ET ADDRESS							
CITY-ST-ZIP	SARASOT	TA, FL 34243			CITY	-ST-ZIP							
TILE	D			₩ Delete	m	E	Mic	KIEWIC	TOM	1	☐ Change	Addition	
NAME	QUINN, H				NAM								
STREET ADDRESS		ATES CIRCLE				EET ADORESS		7 ESTAT					
CITY-ST-ZIP	SARASOT	TA, FL 34243			CITY	r-ST-ZIP	SA	RASOTA,	FL 34	1243	<del></del>		
TITLE	D			Defete	π∟		30	·			☐ Change	Addition	
NAME	l .	H, CORRINE			NAM		15PE	GAR, JOI	4 NN				
STREET ADDRESS	7924 EST					ET ADDRESS	80	69 ESTA	res DR.		_		
CITY-ST-ZIP	SARASO	TA, FL 34243			CSTY	-ST-ZIP		ARASOT	4, FL	3424			
TITLE	TD			Delete	IIIL		TD		_		Change Change	Addition	
NAME		RAYMOND A			NAW		GE	USEMER	, BRUC	E			
STREET ADDRESS	8060 EST					ET ADORESS	80	68 ESTA	res DR.	4			
CITY-ST-ZIP	SARASO	TA, FL 34243			СПУ	'-ST-ZIP	<u> </u>	USEMER 68 ESTA ARASOTA	, FL 3'	1245			
TITLE	SD			Delete	Ππ∟	_			-		☐ Change	■ Addition	
NAME	BECK, PE				NAM								
STREET ADDRESS	8064 EST	ATES DR.			STR	EET ADDRESS	I						

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

CITY-ST-ZIP

SIGNATURE: 1

SARASOTA, FL 34243

CITY-ST-ZIP

SEMATURE AND TYPED OR PRINTED MANE OF SIGNANG OFFICER OR DRECTOR TERRENCE WALSH PRESIDENT

941-351-5030 Daytrine Phone #