## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#751528**

FILED Jan 09, 2007 Secretary of State

Entity Name: CONSERVATORY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 391 8036 CONSERVATORY CIRCLE TALLEVAST, FL 34270 SARASOTA, FL 34243 **Current Mailing Address: New Mailing Address:** P.O. BOX 391 TALLEVAST, FL 34270 FEI Number: 59-2223334 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, STEPHEN W ESQ. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WALSH, TERRENCE KLOSNER, JOHN D Name: Name: 7934 CYPRESS LAKE DR Address: 8036 CONSERVATORY CIRCLE Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: ( ) Delete Title: VD (X) Change ( ) Addition DESOFI, OLIVER Name: JOHN, BARTLEY Name: Address: 5101 ESTATES CIRCLE Address: 8018 CONSERVATORY DRIVE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: () Delete Title: (X) Change ( ) Addition MICKIEWICZ, TOM VIVAR, DIEGO Name: Name: 7915 CYPRESS LAKE DRIVE Address: 7917 ESTATES DR Address: City-St-Zip: SARASOTA, FL 34243 SARASOTA, FL 34243 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SPEAR, JOANN Name: Address: 8069 ESTATES DR Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: () Delete Title: () Change () Addition GENSMER, BRUCE Name: Name: 8068 ESTATES DR Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition KOSS, GREGORY Name: Name: Address: Address: 8020 CONSERVATORY DRIVE SARASOTA, FL 34243 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN D. KLOSNER PD 01/09/2007