2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #751528



FILED

Jan 14, 2008 8:00 am Secretary of State

1. Entity Name CONSERVATORY ESTATES HOMEOWNERS ASSOCIATION, INC.								01-14-2008	90094 01	.0 *****61.	.25	
8036 CONSERVATORY CIRCLE P			P.O. B	Mailing Address P.O. BOX 391 TALLEVAST, FL 34270			yv.	1981 1981 BHZ MBBI II	nı dsan 81811 Bi	ii: Bi Bi	1181 8 1 1881	
Principal Place of Business - No P.O. Box # Mailing Address					m-							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01072008	Chg-NP	CR2E03	37 (12/06)		
City & State			City	& State			4. FEI Number 59-2223				plied For t Applicable	
Zip		Country	Zip	-	Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Register			t Registered	Agent	Nama		7. Name and A	ddress of New	Registered /	Agent		
THOMPSON, STEPHEN W ESQ. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205						Name Street Address (P.O. Box Number is Not Acceptable)						
										1 = = :		
			•		City				FL	Zip Code	9 ∫	
	named entity ions of regist	y submits this statement tered agent.	for the purpo	se of changing its	registered office o	r registere	ed agent, or both	, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	int and title if appli	rable (NOTE	: Registered Agent signal	ture required	when reinstation()		DATE			
								,				
	Filing Fe	e is \$61.25 May 1, 2008			npaign Financing		\$5.00 May Be Added to Fees	Flo	Make chec orida Depai	k payable to	tate	
10.	Filing Fe Due by N	e is \$61.25		9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be	Flo	Make chec orida Depai	rtment of St	tate	
TITLE	Filing Fe Due by M	oe is \$61.25 May 1, 2008 OFFICERS AND D		9. Election Carr	npaign Financing ontribution.		\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	Make chec orida Depai	tment of St	tate	
TITLE NAME	Filing Fe Due by M	oe is \$61.25 May 1, 2008 OFFICERS AND D	DIRECTORS	9. Election Carr Trust Fund C	npaign Financing ontribution.	TD	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	Make chec orida Depai ERS AND DI	rtment of St	tate	
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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.

SIGNATURE: -

DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR