


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90009 036 \*\*\*\*70.00

<b>DOCUMENT # N0000002485</b>			
1. Entity Name <b>PRESERVE COMMONS COMMERCIAL ASSOCIATION, INC.</b>			
Principal Place of Business <b>4980 TAMIAMI TRAIL NORTH, STE 101 NAPLES, FL 34103</b>		Mailing Address <b>4980 TAMIAMI TRAIL NORTH, STE 101 NAPLES, FL 34103</b>	
2. Principal Place of Business, No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>Cardinal Management Group of South Florida, Inc. 5067 Tamiami Trail East Naples, FL 34113</b>		01232007 Chg-NP CR2E037 (12/06)	
City & State		4. FEI Number <b>59-3675222</b>	
Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>STOCK PROPERTY MANAGEMENT, LLC. 4980 TAMIAMI TRAIL NORTH, STE 101 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>Cardinal Management Group</b> Street Address (P.O. Box Number is Not Acceptable) <b>5067 Tamiami Trail East</b> <b>Attn: Dana Fuller</b> City <b>Naples</b> FL <b>34113</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Dana M Fuller</i></u> DATE <u>4-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARDY, PAUL <input checked="" type="checkbox"/> Delete 5659 STRAND COURT, #101 NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAMI, GEORGE <input type="checkbox"/> Delete 7675 MARGHERITA WAY NAPLES, FL 3410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLOCK, STEVE <input type="checkbox"/> Delete 8135 LAKE WORTH ROAD, STE B LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>Steve Block</i></u> <b>Steve Block</b>		Date <u>4/17/07</u> Daytime Phone # <u>839 774-0723</u> <u>306</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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