2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # N01000005151 1. Entity Name 04-15-2004 90009 006 ****61.25 EAST PRESERVE AT WATERSIDE VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 722 SHAMROCK BLVD. 22 SHAMROCK BLVD. VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Rioles Rd 3380 Rusk Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State **Communication** Applied For City & States 4. FEI Number 02-0533051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LATTMANN, STEPHEN E 722 SHAMROCK BLVD VENICE FL 34293 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. ! am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD PRESIDENT **Change** TITLE **⊠** Delete TITLE ☐ Addition John P. Dalla Mura 314 Clear book Corcle #104 LATTMANN, STEPHEN E NAME NAME 722 SHAMROCK BLVD. STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP Venice, FL 34292 CITY-ST-ZIP STD Vice President Change ☐ Addition TITLE N Delete TITLE Howard Mack 316 Clearbrook Circle #201 SULLIVAN, PAMELA B NAME 722 SHAMROCK BLVD. STREET ADDRESS STREET ADDRESS VENICE FL 34293 Venice FL 34292 CITY-ST-ZIP CITY-ST-ZIP Secretary - Treasurer VPD **⊠** Delete Change ☐ Addition TITLE Judith White BRADY, RICHARD NAME 320 Clear brock Circle #203 315 PINE GLEN WAY STREET ADDRESS STREET ADDRESS Verice, FL 34292 ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FRICER OR DIRECTOR

FILED