2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # N01000005151 04-27-2005 90354 038 ****61.25 1. Entity Name EAST PRESERVE AT WATERSIDE VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 20049413 3380 RUSTIC RD 3380 RUSTIC RD NOKOMIS, FL 34275 NOKOMIS, FL 34275 2. Principal Place of Business 3. Mailing Address P.O. Box 595 Suite, Apt. #, etc. Suite, Apt. #, etc. 04092005 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number 02-0533051 Applied For FL ひどんいくさ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 34284 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'GRADY, CYNTHIA 3380 RUSTIC RD Street Address (P.O. Box Number is Not Acceptable) NOKOMIS, FL 34275 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change MACK HOWARD 316 CLEARBROOK CIRCLE # 201 DALLA MURA, JOHN P NAME NAME 314 CLEARBROOK CIRCLE #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP VENICE, FL 34292 TITLE ☐ Delete TITLE MACK, HOWARD NAME NAME STREET ADDRESS 316 CLEARBROOK CIRCLE #201 STREET ADDRESS VENICE, FL 34292 CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP TITLE **⊠**.Delete TITLE CRAWFORD, BILL 320 (CEBREROOK CIRCLE 410) WHITE, JUDITH NAME NAME STREET ADDRESS 320 CLEARBROOK CIRCLE STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP VENICE, FL 34292 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 for 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 feetiver or trustee empowered to execute this property 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 any address, with all other like empowered.

FILED