


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State


02-24-2006 90014 024 ****70.00

DOCUMENT # N02000007612 1. Entity Name TESORO PRESERVE PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3228 SW MARTIN DOWNS BLVD. STE 5 PALM CITY, FL 34990	Mailing Address 3228 SW MARTIN DOWNS BLVD. STE 5 PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE

4001700



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 01-0750948	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASP, JOHN R 3228 S.W. MARTIN DOWNS BLVD., STE. 5 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ALTON E 3228 S.W. MARTIN DOWNS BLVD., STE. 5 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROCKER, JOE 3228 S.W. MARTIN DOWNS BLVD., STE. 5 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, CINDY 3228 S.W. MARTIN DOWNS BLVD., STE. 5 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/2/06** **(772)419-6200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #