

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Sep 27, 2006**  
**Secretary of State**

DOCUMENT# N02000007612

**Entity Name:** TESORO PRESERVE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3228 SW MARTIN DOWNS BLVD.  
STE 5  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3228 SW MARTIN DOWNS BLVD.  
STE 5  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 01-0750948      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ASP, JOHN R  
Address: 3228 S.W. MARTIN DOWNS BLVD., STE. 5  
City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) Delete  
Name: JONES, ALTON E  
Address: 3228 S.W. MARTIN DOWNS BLVD., STE. 5  
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete  
Name: CROCKER, JOE  
Address: 3228 S.W. MARTIN DOWNS BLVD., STE. 5  
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete  
Name: FORD, CINDY  
Address: 3228 S.W. MARTIN DOWNS BLVD., STE. 5  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BEAM, BILL  
Address: 1 HAMMOCK BEACH PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: VPD (X) Change ( ) Addition  
Name: SHANE, MELISSA  
Address: 200 OCEAN CREST DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: TD (X) Change ( ) Addition  
Name: CROCKER, JOE  
Address: 3228 S.W. MARTIN DOWNS BLVD., STE. 5  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA SHANE

VP

09/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date