


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

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90023 021 \*\*\*\*61.25

**DOCUMENT # N04000006578**

1. Entity Name  
**LA PRESERVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**120 NE 4TH ST  
 FT LAUDERDALE, FL 33301**

Mailing Address  
**120 NE 4TH ST  
 FT LAUDERDALE, FL 33301**



2. Principal Place of Business - No P.O. Box #  
**1212 E Broward Blvd**

3. Mailing Address  
**1212 E Broward Blvd**

801e, Apt. #, etc.  
**Suite 300**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Ft. Lauderdale FL**

City & State  
**Ft. Lauderdale FL**

Zip  
**33301**

Country  
**Broward**

Country  
**Broward**

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-4667102**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GEX F RICHARDSON, PA  
 120 NE 4TH STREET  
 FT. LAUDERDALE, FL 33301**

**1212 E Broward Blvd,  
 Ft. Lauderdale, FL  
 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WRIGHT, GLENN B JR	
STREET ADDRESS	120 NE 4TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WRIGHT, PATRICIA K	
STREET ADDRESS	120 NE 4TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1212 E Broward Blvd.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale FL 33301</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1212 E Broward Blvd.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale FL 33301</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR