


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90032 007 \*\*\*\*61.25

<b>DOCUMENT # N04000006578</b> 1. Entity Name LA PRESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1212 E. BROWARD BLVD. SUITE 300 FT LAUDERDALE, FL 33301		Mailing Address 1212 E. BROWARD BLVD. SUITE 300 FT LAUDERDALE, FL 33301			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address P.O. Box 350554  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State Fort Lauderdale, FL  Zip                      Country 33315                      Broward		08272008    Chg-NP                      CR2E037 (12/06)	
4. FEI Number 20-4667102		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  GEX F RICHARDSON, PA 1212 EAST BROWARD BLVD. FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name <u>Stephanie Seaver</u> Street Address (P.O. Box Number is Not Acceptable)  <u>1311 SW 23rd Street</u> City <u>Fort Lauderdale</u> FL    Zip Code <u>33315</u>		
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 <u>Stephanie Seaver</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>8-27-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, GLENN B JR 1212 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, PATRICIA K 1212 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	bookkeeper Stephanie Seaver 1311 SW 23rd Street Fort Lauderdale, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Stephanie Seaver</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8-27-08</u>		Daytime Phone # <u>954-530-8275</u>	