

FILED
May 25, 2006 8:00 am
Secretary of State

DOCUMENT # N05000000912			
1. Entity Name SOUTH PRESERVE II AT WATERSIDE VILLAGE ASSOCIATION, INC		04-20-2006 90195 010 ****61.25	
Principal Place of Business 722 SHAMROCK BLVD. VENICE, FL 34293		Mailing Address 722 SHAMROCK BLVD. VENICE, FL 34293	
2. Principal Place of Business 530 US 41 Bypass So Suite, Apt. #, etc. 18B City & State VENICE FL Zip 34292 Country USA		3. Mailing Address 530 US 41 Bypass S Suite, Apt. #, etc. 18B City & State VENICE FL Zip 34292 Country USA	
8. Name and Address of Current Registered Agent LATTMANN, STEPHEN E 722 SHAMROCK BLVD. VENICE, FL 34293		7. Name and Address of New Registered Agent Name Cynthia O'Donoghue Street Address (P.O. Box Number Is Not Acceptable) 3380 Rustic Rd City Nokomis FL Zip Code 34225	
6. 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  Signature typed or printed name of registered agent and title if applicable.		(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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LATTMANN, STEPHEN E STREET ADDRESS 722 SHAMROCK BLVD. CITY-ST-ZIP VENICE, FL 34293		TITLE PP NAME SUC PARKE STREET ADDRESS 868 SARANAC LAKE DR CITY-ST-ZIP VENICE FL 34292	
TITLE STD NAME SULLIVAN, PAMELA B STREET ADDRESS 722 SHAMROCK BLVD. CITY-ST-ZIP VENICE, FL 34293		TITLE UP NAME CAROL COFFEL STREET ADDRESS 864 SARANAC LAKE DR H102 CITY-ST-ZIP VENICE FL 34292	
TITLE VD NAME BRADY, RICHARD STREET ADDRESS 722 SHAMROCK BLVD. CITY-ST-ZIP VENICE, FL 34293		TITLE SEC/TR NAME BARBARA BLISTER STREET ADDRESS 864 SARANAC LAKE DR H203 CITY-ST-ZIP VENICE FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:  Signature and typed or printed name of signing officer or director			