

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90046 047 ****61.25

DOCUMENT # N30643

1. Entity Name

PRESERVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1050A E. LAKE WOODLANDS PKWY.
 OLDSMAR FL 34677

1050A E. LAKE WOODLANDS PKWY.
 OLDSMAR FL 34677-2328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3048031

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANNAVINO, DOMINICK
 1050A E. LAKE WOODLANDS PKWY.
 OLDSMAR FL 34677

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRESTI, JOHN	
STREET ADDRESS	1335 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GALLINSON, HAROLD	
STREET ADDRESS	1304 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWISON, GARY	
STREET ADDRESS	1336 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLUCCI, ROBERT	
STREET ADDRESS	1320 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, BRYAN	
STREET ADDRESS	1306 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5
 ALBANESE, VINCENT Change Addition
 1372 PRESERVATION WAY
 OLDSMAR, FL 34677

D
 ACKERMAN, TIMOTHY Change Addition
 1314 PRESERVATION WAY
 OLDSMAR, FL 34677

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: *John Presti*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/27/00**

Daytime Phone #

CRE037 (9/99)