

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90019 029 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3048031

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD PRESTI, JOHN	1335 PRESERVATION WAY	OLDSMAR FL	<input checked="" type="checkbox"/>	TSD TOMEZAK, KRISTIN	1309 PRESERVATION WAY	OLDSMAR, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD GALLINSON, HAROLD	1304 PRESERVATION WAY	OLDSMAR FL	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
TD LEWISON, GARY	1336 PRESERVATION WAY	OLDSMAR FL	<input type="checkbox"/>	PD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
S ALBANESE, VINCENT	1372 PRESERVATION WAY	OLDSMAR FL 34677	<input type="checkbox"/>	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D ACKERMAN, TIMOTHY	1314 PRESERVATION WAY	OLDSMAR FL 34677	<input type="checkbox"/>	VD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: *Kristin Tomezak*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

Date

Daytime Phone #

CR2E037 (10/00)