

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0054747

**DOCUMENT # N30643**

1. Entity Name

**PRESERVE HOMEOWNER'S ASSOCIATION, INC.**

04-02-2002 90875 039 \*\*\*\*61.25

Principal Place of Business <b>1050A E. LAKE WOODLANDS PKWY. OLDSMAR FL 34677</b>	Mailing Address <b>1050A E. LAKE WOODLANDS PKWY. OLDSMAR FL 34677</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3048031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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.

SIGNATURE \_\_\_\_\_ (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		
TSD NAME TOMCZAK, KRISTIN STREET ADDRESS 1308 PRESERVATION WAY CITY-ST-ZIP OLDSMAR FL	<input checked="" type="checkbox"/> Delete	
PD NAME LEWISON, GARY STREET ADDRESS 1338 PRESERVATION WAY CITY-ST-ZIP OLDSMAR FL	<input checked="" type="checkbox"/> Delete	
D NAME ALBANESE, VINCENT STREET ADDRESS 1372 PRESERVATION WAY CITY-ST-ZIP OLDSMAR FL 34677	<input checked="" type="checkbox"/> Delete	
VD NAME ACKERMAN, TIMOTHY STREET ADDRESS 1314 PRESERVATION WAY CITY-ST-ZIP OLDSMAR FL 34677	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TSD NAME McMahon Leslie STREET ADDRESS 1316 Preservation Way CITY-ST-ZIP Oldsmar FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D NAME Michelle Hernandez STREET ADDRESS 1348 Preservation Way CITY-ST-ZIP Oldsmar FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:**

**SIGNATURE REQUIRED**

**3/5/02** **7275604121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)