


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90484 020 ****61.25

DOCUMENT # N30643					
1. Entity Name PRESERVE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1050A E. LAKE WOODLANDS PKWY. OLDSMAR, FL 34677			Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 State: 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAHON, LESLIE		NAME		
STREET ADDRESS	1316 PRESERVATION WAY		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, MICHELLE		NAME		
STREET ADDRESS	1348 PRESERVATION WAY		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNUTSON, DUSANKA		NAME		
STREET ADDRESS	1318 PRESERVATION WAY		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACKERMAN, TIMOTHY		NAME		
STREET ADDRESS	1314 PRESERVATION WAY		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEHAR, MORRIS		NAME	TD HARGISS KATHLEEN 1327 PRESERVATION WAY OLDSMAR, FL 34677	
STREET ADDRESS	1328 PRESERVATION WAY		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFERY, GEORGE		NAME		
STREET ADDRESS	1324 PRESERVATION WAY		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
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: <i>Leslie N McMahon</i>			Date: <i>4/22/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

34066231



04152004 Chg-NP CR2E037 (10/03)

Applied For
 Not Applicable

\$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCMAHON, LESLIE	
STREET ADDRESS	1316 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MICHELLE	
STREET ADDRESS	1348 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNUTSON, DUSANKA	
STREET ADDRESS	1318 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ACKERMAN, TIMOTHY	
STREET ADDRESS	1314 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BEHAR, MORRIS	
STREET ADDRESS	1328 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COFFERY, GEORGE	
STREET ADDRESS	1324 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	TD HARGISS KATHLEEN 1327 PRESERVATION WAY OLDSMAR, FL 34677
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Leslie N McMahon* Date: *4/22/04*