


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90082 023 ****61.25

DOCUMENT # N30643

1. Entity Name
PRESERVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**720 BROOKER CREEK BLVD.
 206
 OLDSMAR, FL 34677**

Mailing Address
**720 BROOKER CREEK BLVD.
 206
 OLDSMAR, FL 34677**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

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

**SCANNAVINO, INC.
 720 BROOKER CREEK BLVD.
 206
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	MCAHON, LESLIE	
STREET ADDRESS	1316 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, MICHELLE	
STREET ADDRESS	1348 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KNUTSON, DUSANKA	
STREET ADDRESS	1318 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ACKERMAN, TIMOTHY	
STREET ADDRESS	1314 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEHAR, MORRIS	
STREET ADDRESS	1326 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVANAUGH, GREGORY	
STREET ADDRESS	1340 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFEY, GEORGE	
STREET ADDRESS	1324 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
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 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: *M. Behar* **4/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #