2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CSTY-ST-77P

SIGNATURE:

Feb 03, 2006 08:00 AM DOCUMENT # P04000125976 **Secretary of State** 1. Entity Name THE PRESERVE AT LAKE WALES, INC. Principal Place of Business Mailing Address 4047 ASHTON CLUB DRIVE LAKE WALES FL 33859 4047 ASHTON CLUB DRIVE LAKE WALES FL 33859 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-1583204 Not Applicable Country \$8.75 Additional Z_{iD} Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNES, JOHN P 4047 ASHTON CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33859 Zip Code City 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 (NOTE: Registered Agent signature required when remaining) Signature, lyped or printed name of registered agent and rdicid applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Marate Change ITTLE o Delete DILE MAME NAME BARNES, JOHN P 000000416267 STREET ADORESS STREET ADDRESS 4047 ASHTON CLUB DRIVE 02/13/06-80009-001 150.00 CRTY-ST-ZIP CITY-SI-IP LAKE WALES FL 33859 Change | Athana 1)5) F TITLE ☐ Detete NAME NAME BARNES, MARY ANN G STREET ADDRESS STREET ADDRESS 4047 ASHTON CLUB DRIVE CITY-ST-ZIP CITY-ST-7IP LAKE WALES FL 33859 ☐ Delete Change Change Agent. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Vq. TITLE ☐ Detete TITLE NAME **አ**ላሌ፣Σ STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ petett ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition 11727 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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.

JOHN P. BARNES 1-31-06 863-324->73

FILED