


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90322 041 ****61.25

DOCUMENT # N01000008532 1. Entity Name THE PRESERVE AT CRESTWOOD HOMEOWNER'S ASSOCIATION, INC.						
Principal Place of Business 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414			Mailing Address 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VECLITCH, DENNIS			NAME		
STREET ADDRESS	214 PRESERVE DR.			STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENDLE, DAVE			NAME		
STREET ADDRESS	235 PRESERVE DR.			STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, JENNIFER			NAME		
STREET ADDRESS	211 PRESERVE CT.			STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/13/05 <small>Date</small>		
				<small>Daytime Phone #</small>		

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03242005 Chg-NP CR2E037 (10/03)

4. FEI Number **75-3029649** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75. Additional Fee Required