2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90125 013 ****61.25

DOCUMENT # N01000008532

1. Entity Name
THE PRESERVE AT CRESTWOOD HOMEOWNER'S



ASSOCIATION, INC.								
Principal Place of Business ASSOCIATED PROPERTY MGMT. 1928 LAKE WORTH RD LAKE WORTH, FL 33461		Mailing Address ASSOCIATED PROPERTY M 1928 LAKE WORTH RD LAKE WORTH, FL 33461	IGMT.					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242008	Chg-NP CR2E037	(12/06)		
City & State		City & State		4. FEI Number 75-3029	4. FEI Number Applied For 75-3029649 Not Applicable			
Žip	Country	Zip	Country	5. Certificate of		8.75 Add ee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New Registered Ag	ent		
ASSOCIATED PROPERTY MANAGEMENT		NT			ENCE M. FUCHS, ESQ.			
1928 LAKE WORTH RD		Street Addres		ess (P.O. Box Number CHS AND JON	(P.O. Box Number is Not Acceptable) IS AND JONES, P.A.			
LAKE WORTH, FL 33461			The state of the s		ROYAL PALM BEACH BLVD.			
				YAL PALM BE.	FL	Zip Code 334	11	
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.								
3/31/08								
SIGNATURE Signator hypod or printed name of legistrated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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 p Florida Departm	payable to nent of St	ate	
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Cont		Added to Fees	Make check p Florida Departm NGES TO OFFICERS AND DIRE	ent of St	ate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Cont	tribution.	Added to Fees	Florida Departm	ent of St	ate	
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIR P MACMILLAN, JOHN 218 PRESERVE CT	Trust Fund Cont	TITLE NAME STREET ADDRESS	Added to Fees	Flörida Departm NGES TO OFFICERS AND DIRE	CTORS IN	ate 10	
TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MACMILLAN, JOHN 218 PRESERVE CT ROYAL PALM BEACH, FL 33411 V PARREIRA, FRANCISCO 223 PRESERVE CT	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Plorida Departm	CTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PMACMILLAN, JOHN 218 PRESERVE CT ROYAL PALM BEACH, FL 33411 V PARREIRA, FRANCISCO 223 PRESERVE CT ROYAL PALM BEACH, FL 33411 ST KORBELAK, CHRISTOPHER 200 PRESERVE CT.	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Plorida Departm NGES TO OFFICERS AND DIRE	CTORS IN Change	10 Addition Addition	
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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 toexecute 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #