

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003756

**Entity Name:** THE PRESERVE AT CORKSCREW MASTER ASSOCIATION, INC.**FILED**  
**Mar 02, 2017**  
**Secretary of State**  
**CC0972167386****Current Principal Place of Business:**4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112**Current Mailing Address:**4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112 US**FEI Number: 45-5021555****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.  
4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112 US*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.***SIGNATURE: STEWART CARTER****03/02/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** TOLLIVER, KEVIN  
**Address** 4670 CARDINAL WAY  
SUITE 302  
**City-State-Zip:** NAPLES FL 34112**Title** TREASURER  
**Name** BENJAMIN, GERARD  
**Address** 4670 CARDINAL WAY  
SUITE 302  
**City-State-Zip:** NAPLES FL 34112**Title** DIRECTOR  
**Name** REUBEN, JESSE  
**Address** 4670 CARDINAL WAY  
SUITE 302  
**City-State-Zip:** NAPLES FL 34112**Title** VP  
**Name** COLCHAMIRO, SUSAN  
**Address** 4670 CARDINAL WAY  
SUITE 302  
**City-State-Zip:** NAPLES FL 34112**Title** SECRETARY  
**Name** GRUDEK, MARY  
**Address** 4670 CARDINAL WAY  
SUITE 302  
**City-State-Zip:** NAPLES FL 34112**Title** DIRECTOR  
**Name** NUSBAUM, MARC  
**Address** 4670 CARDINAL WAY  
SUITE 302  
**City-State-Zip:** NAPLES FL 34112**Title** DIRECTOR  
**Name** RIDGE, DAVE  
**Address** 4670 CARDINAL WAY  
SUITE 302  
**City-State-Zip:** NAPLES FL 34112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: KEVIN TOLLIVER****MR****03/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date