

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003756

Entity Name: THE PRESERVE AT CORKSCREW MASTER ASSOCIATION, INC.**FILED**
Mar 05, 2024
Secretary of State
6911289271CC**Current Principal Place of Business:**VESTA PROPERTY SERVICES
27180 BAY LANDING DRIVE 4
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O VESTA PROPERTY SERVICES
27180 BAY LANDING DRIVE 4
BONITA SPRINGS, FL 34135 US**FEI Number: 45-5021555****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VESTA PROPERTY SERVICES
VESTA PROPERTY SERVICES
27180 BAY LANDING DRIVE 4
BONITA SPRINGS, FL 34135 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: TROY RODRIGUEZ****03/05/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KLEVAR, TIM
Address	27180 BAY LANDING DRIVE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	COLCHAMIRO, SUSAN
Address	VESTA PROPERTY SERVICES 27180 BAY LANDING DR 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER
Name	LACROIX, EDWARD
Address	VESTA PROPERTY SERVICES 27180 BA LANDING DRIVE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY
Name	COOPER, MARTIN
Address	VESTA PROPERTY SERVICES 27180 BAY LANDING DR. 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	SARTORIS, JOHN
Address	VESTA PROPERTY SERVICES 27180 BAY LANDING DR. 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	BASSETT, JEFF
Address	VESTA PROPERTY SERVICES 27180 BAY LANDING DRIVE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	PRICE, KEVIN
Address	VESTA PROPERTY SERVICES 27180 BAY LANDING DRIVE 4
City-State-Zip:	BONITA SPRINGS FL 34135

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: TIM KLEVAR**PRESIDENT****03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date