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.

PRESIDENT

#### SIGNATURE: ALFREDO RIPPES

Electronic Signature of Signing Officer/Director Detail

12765 FOREST HILL BLVD		

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE PRESERVE AT EMERALD HILLS HOMEOWNER'S

SUITE 1320 WELLINGTON, FL 33414

ASSOCIATION, INC.

#### **Current Mailing Address:**

DOCUMENT# N15000004986

**Current Principal Place of Business:** 

12765 FOREST HILL BLVD **SUITE 1320** WELLINGTON, FL 33414 US

#### FEI Number: 38-3989760

#### Name and Address of Current Registered Agent:

BACKER ABOUD POLIAKOFF & FOELSTER 400 SOUTH DIXIE HWY STE. 420 BOCA RATON, FL 33432 US

Certificate of Status Desired: No

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: RYAN POLIAKOFF

Electronic Signature o	f Registered Agent
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### Officer/Director Detail ·

Officer/Director Detail :						
Title	PRESIDENT	Title	VP			
Name	RIPPES, ALFREDO	Name	GAVENAS, JOHN			
Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY	Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY			
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025			
Title	SECRETARY / TREASURER					
Name	BUTLER, PAM					
Address	C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY					
City-State-Zip:	MIRAMAR FL 33025					

## FILED Apr 11, 2022 Secretary of State 1379141037CC

04/11/2022 Date