

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47972

**Entity Name:** THE PRESERVES AT PALM-AIRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAPSTONE ASSOCIATION MANAGEMENT  
8588 POTTER PARK DR. SUITE 500  
SARASOTA, FL 34238

**Current Mailing Address:**

C/O CAPSTONE ASSOCIATION MANAGEMENT  
8588 POTTER PARK DR. SUITE 500  
SARASOTA, FL 34238 US

**FEI Number:** 65-0339198

**Certificate of Status Desired:** No

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

CAPSTONE ASSOCIATION MANAGEMENT  
8588 POTTER PARK DR.  
500  
SARASOTA, FL 34238 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:** CHARMAE BILLINGHAM

04/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            WOOLDRIDGE, GUELDA  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DR SUITE 500  
City-State-Zip: SARASOTA FL 34238

Title            PRESIDENT  
Name            SCHALCH, DEBORAH  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DR. SUITE 500  
City-State-Zip: SARASOTA FL 34238

Title            SECRETARY  
Name            STARK, LILY  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DR SUITE 500  
City-State-Zip: SARASOTA FL 34238

Title            VP  
Name            BENNETT, JORDAN  
Address        C/O CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  8588 POTTER PARK DR SUITE 500  
City-State-Zip: SARASOTA FL 34238

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:** DEBORAH SCHALCH

**PRESIDENT OF THE  
BOARD**

04/09/2024

