

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90050 013 ***150.00

DOCUMENT # L86589

1. Entity Name
**PRESERVES AT PALM-AIRE DEVELOPMENT
CORPORATION**



Principal Place of Business
**1133 FOURTH STREET
STE 300
SARASOTA, FL 34236**

Mailing Address
**1133 FOURTH STREET
STE 300
SARASOTA, FL 34236**

34042338



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0210712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MESSICK, ROBERT E.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MUSTARI, RONALD
STREET ADDRESS 290 COCOANUT AVE.,#3
CITY-ST-ZIP SARASOTA, FL

TITLE D
NAME MUSTARI, JOANNE
STREET ADDRESS 290 COCOANUT AVE.,#3
CITY-ST-ZIP SARASOTA, FL

TITLE V
NAME SANCHEZ, ALBERT A
STREET ADDRESS 1133 FOURTH ST. #300
CITY-ST-ZIP SARASOTA, FL 34236

TITLE V
NAME BLUMBERG, JERRY
STREET ADDRESS 1133 4TH ST
CITY-ST-ZIP SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to execute this report as required by Chapter 607, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/04 **(941)**
366-1001