


2008. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # M67762

1. Entity Name
PREFERRED CONDOMINIUM MANAGEMENT CORPORATION



Principal Place of Business Mailing Address

% ARTHUR SKRIVAN
25730 HICKORY BLVD. #636-C
BONITA SPRINGS FL 33923

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25730 HICKORY BLVD. #636-C
BONITA SPRINGS FL 33923



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt #, etc. State, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0030958 Not Applicable

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

6. Name and Address of Current Registered Agent

SKRIVAN, ARTHUR
25730 HICKORY BLVD.
#636-C
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, Title or Printed Name of Registered Agent (if not the filer, if applicable) (NOTE: Registered Agent's signature required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKRIVAN, ARTHUR 25730 HICKORY BLVD. #636 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000885183 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/18/08-80003-020 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Arthur Skrivan* **Arthur SKRIVAN** **4-5-08** **239-970-7766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #