

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000002485

1. Entity Name  
PRESERVE COMMONS COMMERCIAL ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 19 AM 8:29

Principal Place of Business  
4501 TAMiami TRAIL NO  
SUITE 300  
NAPLES, FL 34103

Mailing Address  
4501 TAMiami TRAIL NO  
SUITE 300  
NAPLES, FL 34103

REINSTATEMENT 05-06



2. Principal Place of Business

4980 TAMiami TRAIL N.

3. Mailing Address

4980 TAMiami TRAIL N.

Suite, Apt. #, etc.

STE 101

Suite, Apt. #, etc.

STE 101

12052005 REIN-NP

CR2E099 (6/04)

05-06

City & State

NAPLES, FL

City & State

NAPLES FL

4. FEI Number  
59-3675222

Applied For  
Not Applicable

Zip

34103

Country

COITIER

Zip

34103

Country

COITIER

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G ESQ  
GOODLETTE COLEMAN & JOHNSON, P.A  
4001 TAMiami TRAIL NO STE 300  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name STOCK PROPERTY MANAGEMENT, LLC

Street Address (P.O. Box Number is Not Acceptable)  
4980 TAMiami TRAIL N STE 101

City NAPLES

FL

Zip Code 34103

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

*Sheryl Hilburn*

SHERYL HILBURN PRES. SPM

12-5-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOCK, K.C.	
STREET ADDRESS	5692 STRAND CT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STCK, BRIAN K	
STREET ADDRESS	5692 STRAND CT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BLACK, BRAD	
STREET ADDRESS	5692 STRAND CT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEBER, BETH	
STREET ADDRESS	5692 STRAND CT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOULDSWORTH, SANDRA	
STREET ADDRESS	5692 STRAND CT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, PAUL	
STREET ADDRESS	5659 STRAND COURT #101	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAM, GEORGE	
STREET ADDRESS	7675 MARGHERITA WAY	
CITY-ST-ZIP	NAPLES, FL 3410	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOCK, STEVE	
STREET ADDRESS	8135 LAKE WORTH ROAD STE B	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100074335751  
05/10/06--01012--014 \*\*122.50

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 617, 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:

*Sheryl Hilburn Agent For The Assn* 12-5-05

235  
261-9232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #