

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90048 005 ****61.25

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01162007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000002631 1. Entity Name THE PRESERVE TOWN HOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 2950 N 28TH TERRACE		3. Mailing Address 2950 N 28TH TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 20-0869659	
Zip 33020		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, L.L.C. 100 S.E. SECOND STREET, SUITE 2900 MIAMI, FL 33131-2130			7. Name and Address of New Registered Agent Name SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL P.A. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 1102 City CORAL GABLES FL 33134		
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 SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL P.A. 2-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRIAN CARTER 8940 NE 8 AVE, 1202 MIAMI SHORES, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHANNON, KARR 2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JOSHUA ROSENBERG 738 NE 40 ST. 0212 MIAMI SHORES, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENBERG, KIM 2121 PONCE DE LEON BLVD. PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JUAN DE LA CRUZ 730 NE 90 ST. 0112 MIAMI SHORES, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OLGA REGUZZONI 754 NE 40 ST. 0701 MIAMI SHORES, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LYHOUNG NGUYEN 734 NE 90 ST. 0304 MIAMI SHORES, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
2-8-07 <small>Date Daytime Phone #</small>					