

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000002631

1. Entity Name
THE PRESERVE TOWN HOMES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2950 N 28TH TERRACE
HOLLYWOOD, FL 33020

Mailing Address
2950 N 28TH TERRACE
HOLLYWOOD, FL 33020

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09112007

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-0869659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIRGERICO RIVERA LERNTER DEIA TORRE&SOBEL
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | CARTER, BRIAN | |
| STREET ADDRESS | 896 C NE 8 AVE STE 1202 | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ROSENBERG, JOSEGA | |
| STREET ADDRESS | 738 NE 90 ST STE 0212 | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LA CRUZ, JUAN | |
| STREET ADDRESS | 730 NE 90ST STE 0112 | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | REGUZZONI, OLGA | |
| STREET ADDRESS | 754 NE 90 ST STE 0701 | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NGUYEN, LYHOUNG | |
| STREET ADDRESS | 734 NE 90 ST STE 0304 | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Diana Perandez | |
| STREET ADDRESS | 758 NE 90st #512 | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gabriel Miguel | |
| STREET ADDRESS | 730 NE 90 st #106 | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Juan De la Cruz | |
| STREET ADDRESS | 730 NE 90 st #112 | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kimberlea Pinillos | |
| STREET ADDRESS | 754 NE 90st #705 | |
| CITY-ST-ZIP | MIAMI SHORES FL 33138 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

J S De la Cruz Juan S. De la Cruz

10/24/07

305 762 5654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 OCT 29 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/31/07