

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**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**



01222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	FERNANDEZ, DIANA
STREET ADDRESS	758 NE 90 ST., #512
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	VD
NAME	ROSENBERG, JOSEGA
STREET ADDRESS	738 NE 90 ST STE 0212
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	P
NAME	DE LA CRUZ, JUAN
STREET ADDRESS	730 NE 90 ST #112
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	D
NAME	MIGUEL, GABRIEL
STREET ADDRESS	730 NE 90 ST STE #106
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	D
NAME	PINILLOS, KIMBERLY
STREET ADDRESS	754 NE 90 ST, #705
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000819611  
02/15/08-80090-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Josh Rosenberg**

**1/31/09**

Date

Daytime Phone #