

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004987

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE PRESERVE AT WOODS EDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MELDON CONSULTANTS
4949 TAMiami TRAIL N., STE. 201
NAPLES, FL 341033017

New Principal Place of Business:

Current Mailing Address:

C/O MELDON CONSULTANTS
4949 TAMiami TRAIL N., STE. 201
NAPLES, FL 341033017

New Mailing Address:

FEI Number: 20-0814439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMiami TRAIL N., STE. 201
NAPLES, FL 341033017 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: CRAIN, WILLARD L
Address: 10764 REGENT CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DTS () Delete
Name: COPPER, MARY
Address: 15450 CEDARWOOD LANE, #201
City-St-Zip: NAPLES, FL 34110

Title: DP () Delete
Name: FRECHETTE, ROBERT
Address: 3483 LAKESHORE DRIVE
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CRAIN, WILLARD L
Address: 10764 REGENT CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: TSD (X) Change () Addition
Name: SMITH, ANN
Address: 3475 LAKESHORE DRIVE, # 113
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Change () Addition
Name: FRECHETTE, ROBERT
Address: 3483 LAKESHORE DRIVE, #312
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FRECHETTE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date