


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 019 ****61.25

DOCUMENT # N04000000304 1. Entity Name THE PRESERVE CONDOMINIUM III AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 19850 BRECKENRIDGE DR. ESTERO, FL 33928			Mailing Address 19850 BRECKENRIDGE DR. ESTERO, FL 33928		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 40 PEGASUS PROPERTY MANAGEMENT 17595 S. TAMiami TRAIL #100			
City & State		City & State FORT MYERS, FL		4. FEI Number APPLIED FOR 37- 1505911	
Zip 33908		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSOER, GEORGE L JR. 1625 HENDRY ST. FT. MYERS, FL 33901				7. Name and Address of New Registered Agent Name GARY MARSDEN Street Address (P.O. Box Number is Not Acceptable) 40 PEGASUS PROPERTY MANAGEMENT 17595 S. TAMiami TRAIL #100 City FORT MYERS FL Zip Code 33908	
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 <u><i>Gary Marsden</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/14/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	D LOTURCO, JOSEPH D 19850 BRECKENRIDGE DR. ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JULIE 19880 BRECKENRIDGE DR #405 ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLIA, JOSEPH R 52 CORPORATE CIRCLE ALBANY, NY 12203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORNER, TERI 19880 BRECKENRIDGE DR #208 ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN K 19850 BRECKENRIDGE DR. ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MITCHELL, STEPHEN 19880 BRECKENRIDGE DR. #204 ESTERO, FL 33928	<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	D SNYDER, JANICE 19880 BRECKENRIDGE DR #402 ESTERO, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMAN, RICHARD 19880 BRECKENRIDGE DR. #305 ESTERO, FL 33928	<input type="checkbox"/> Change <input 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: <u><i>Teri Horner</i></u> <u>4/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					