


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90205 003 ****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 C/O PEGSOS PROPERTY MGMT 17595 S. TAMiami TRAIL #100 FORT MYERS, FL 33908		
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	4. FEI Number 37-1505911	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARSDOV, GARY 40 PESASUE PROPERTY MGMT 17595 S. TAMiami TRAIL #100 FORT MYERS, FL 33908			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 _____ <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 D	NAME SNYDER, JANICE		<input type="checkbox"/> Delete		
STREET ADDRESS 19880 BRECKENRIDGE DR. 402	CITY-ST-ZIP ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME AMMAN, RICHARD		<input type="checkbox"/> Delete		
STREET ADDRESS 19880 BRECKENRIDGE DR. 305	CITY-ST-ZIP ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME THOMPSON, JULIE		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 19880 BRECKENRIDGE DR. #405	CITY-ST-ZIP ESTERO, FL 33928		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VD	NAME HORNER, TORI		<input type="checkbox"/> Delete		
STREET ADDRESS 19880 BRECKENRIDGE DR. #208	CITY-ST-ZIP ESTERO, FL 33928		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DTS	NAME MITCHELL, STEPHEN		<input type="checkbox"/> Delete		
STREET ADDRESS 19886 BRECKENRIDGE DR. #204	CITY-ST-ZIP ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME KREAMER, DONALD		<input type="checkbox"/> Delete		
STREET ADDRESS 19880 - 102 BRECKENRIDGE DR.	CITY-ST-ZIP ESTERO, FL 33928		<input type="checkbox"/> Change <input checked="" 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>					
<small>Date Daytime Phone #</small>					

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