



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90224 022 ****61.25

DOCUMENT # N04000001004 1. Entity Name SOUTH PRESERVE I AT WATERSIDE VILLAGE ASSOCIATION, INC.					
Principal Place of Business 722 SHAMROCK BLVD VENICE, FL 34293			Mailing Address 722 SHAMROCK BLVD VENICE, FL 34293		
2. Principal Place of Business 530 US 41 Bypass S Suite, Apt. #, etc. 18B		3. Mailing Address 530 US 41 Bypass S Suite, Apt. #, etc. 18B			
City & State Venice FL		City & State Venice FL		02232006 Chg-NP CR2E037 (11/05)	
Zip 34292		Country USA		4. FEI Number 20-1466940	
City & State Venice FL		City & State Venice FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 34292		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATTMANN, STEPHEN E 722 SHAMROCK BLVD VENICE, FL 34293			7. Name and Address of New Registered Agent Name Cynthia O'Drady Street Address (P.O. Box Number is Not Acceptable) 33380 NASTIL RD City NOKOMIS FL Zip Code 39275		
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>Cynthia O'Drady</u> <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, 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	PD LATTMANN, STEPHEN E 722 SHAMROCK BLVD VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSAN PAHN 432 SUNSET LAKE BLVD #204 VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURRAY, SUSAN 412 SUNSET LAKE BOULEVARD #201 VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK KAY 432 SUNSET LAKE BLVD #206 VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, RICHARD 315 PINE WAY ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/Treas MORRIS J. (Jim) SUTTON 412 SUNSET LAKE BLVD #103 VENICE, FL 34292	<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	_____ _____ _____ _____	<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>Frank A. Kay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4.12.06</u> <small>Daytime Phone #</small>		