


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90053 002 ****61.25

DOCUMENT # N04000001004

1. Entity Name
 SOUTH PRESERVE I AT WATERSIDE VILLAGE ASSOCIATION, INC.



Principal Place of Business
 530 US 41 BYPASS S
 18B
 VENICE, FL 34293

Mailing Address
 530 US 41 BYPASS S
 18B
 VENICE, FL 34293

40029299

2. Principal Place of Business - No P.O. Box #
 Bio Capri Property Management
 Suite, Apt. #, etc.
 BIO-B Pinebrook Rd.

3. Mailing Address
 Bio Capri Property Management
 Suite, Apt. #, etc.
 BIO-B Pinebrook Rd.

City & State
 Venice, FL

City & State
 Venice, FL

Zip
 34285

Country
 USA

Zip
 34285

Country
 USA



01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-1466940

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 O'DRADY, CYNTHIA
 3780 RINSITC RD.
 SARASOTA, FL 34278

7. Name and Address of New Registered Agent
 Name: Capri Property Management Inc.
 Street Address (P.O. Box Number is Not Acceptable):
 BIO-B Pinebrook Rd.
 City: Venice FL Zip Code: 34285

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: Deborah H. [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, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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 DAHR, SUSAN 432 SUNSET LAND BLVD 204 VENICE, FL 34292 <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	VP KAY, FRANK 432 SUNSET LAND BLVD 206 VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Alice Ploussard 422 Sunset Blvd. # 104 Venice, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. SUTTON, JIM 412 SUNSET BLVD 105 VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" 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
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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: [Signature] 941 412 0449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #