
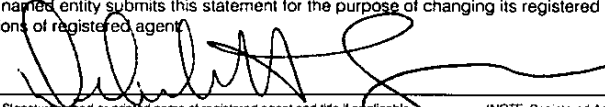
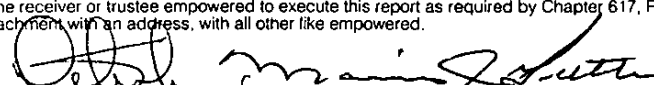


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90049 032 \*\*\*\*61.25

<b>DOCUMENT # N04000001004</b>			
1. Entity Name SOUTH PRESERVE I AT WATERSIDE VILLAGE ASSOCIATION, INC.			
Principal Place of Business C/O CAPRI PROP. MGMT. 810 B PINEBROOK RD. VENICE, FL 34293		Mailing Address C/O CAPRI PROP. MGMT. 810 B PINEBROOK RD. VENICE, FL 34293	
2. Principal Place of Business - No P.O. Box # Capri Prop. Mgmt, Inc. 810 B Pinebrook Rd.		3. Mailing Address Capri Prop. Mgmt, Inc. 810 B Pinebrook Rd.	
City & State Venice, FL		City & State Venice, FL	
Zip 34285		Country USA	
4. FEI Number 20-1466940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DRABY, CYNTHIA CARPI PROP. MGMT. INC. 810 B PINEBROOK RD. VENICE, FL 34285		7. Name and Address of New Registered Agent Name: Capri Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 810 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: 		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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: PD NAME: DAHR, SUSAN STREET ADDRESS: 432 SUNSET LAND BLVD 204 CITY-ST-ZIP: VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Doering, Mary STREET ADDRESS: 422 sunset Lake Blvd 204 CITY-ST-ZIP: Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PLOUSSARD, ALICE STREET ADDRESS: 422 SUNSET BLVD. #104 CITY-ST-ZIP: VENICE, FL 34292	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: SUTTON, JIM STREET ADDRESS: 412 SUNSET BLVD 105 CITY-ST-ZIP: VENICE, FL 34292	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<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: 		Date: 4-15-08 Daytime Phone #: 941-412-0449	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marns J. Sutton			