2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State

| DOCUMENT # N0400007402 1. Entity Name THE PRESERVE ON ANASTASIA ISLAND CONDOMINIUM ASSOCIATION, INC. | | | | | | | 01-22-2007 | 90112 (|)12 ****61 | 1.25 | |
|---|--|------------------------------|---|---|--|--|--------------------------------|---------------------------|-------------|-------------------------------|-----------------------------|
| Principal Place of Business 8009 SOUTH ORANGE AVENUE 8009 SOUTH ORANGE AVENUE 0RLANDO, FL 32809 RLANDO, FL 32809 | | | | AVENUE | 1 | | 40 | MAAAA | | | |
| 3 Principal F | Place of Business - No P.O. B | | Itaa Aalaaa | | | | | | | | |
| Z. FIRICIPAL F | -1ace of business + No P.O. Bi | ox# 3. Mai | 3. Mailing Address | | | | \$ | CONFRIDIS ADVIS DAŽIJ DAŽ | | E | JJEDY OLI IOEL |
| Suite, Apt. | #, etc. | Su | ite, Apt. #, etc. | | | | 01102007 | Chg-NP | CR2E | 037 (12/06) | |
| City & Stat | le . | Ci | City & State | | | | 4. FEI Numbe 20-156 | | | | oplied For of Applicable |
| Zip | Country | Zij |) | Cou | intry | | | of Status Desired | | \$8.75 Add | ditional |
| | 6. Name and Address of | Current Registere | ed Agent | | | ! | 7. Name and | Address of New R | Registered | Fee Require | |
| LELAND N | MANAGEMENT | | | · | Name Vá a | o bs | Jagol | be & ASS | ocial | / ₄ S | |
| 8009 SOU | TH ORANGE AVENUE D, FL 32809 | | | | | Street Address (B.O. Box Number is Not Acceptable) | | | | | |
| ONLANDO |), FL 32009 | | | | | _, _, | | | | | |
| | | | | | City | L Au | 5641N | e | FI | Zip Cod | 81 |
| 8. The above | named entity submits this stations of registered agent. | tement for the purp | se of changing its | registere | ed office or i | registere | ed agent, or both | h, in the State of Flo | orida. I an | | |
| 1110 0011921 | Total again. | MARK | _ | O. | 1 ./ | , - | / , | . 0. | . / > | | |
| SIGNATURE | Signature, typed or pryhad name of regr | 11/1/9L/ | 7 | Ph; | Agent signatur | <u> </u> | 4005 1 | ice Phe | Siden | | |
| | Signature, typed or presid righte of regi | siered ageni and ibie ir app | MCADIE. INOTE | : registered | a Agent signatur | re 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 | | | ck payable to ortment of S | |
| 10. | | AND DIRECTORS | V | 11. | | A | DDITIONS/CHA | NGES TO OFFICE | RS AND D | IRECTORS IN | |
| TITLE NAME | PD MISTA, CONNIES | | Delete | TITLE | PO | Ho | RICK III | ichaely. | Kd. | Change | Addition |
| STREET ADDRESS | 16204 HARBOUR VISTA | | | STREE | ET ADDRESS | 37 | 203 140 | 20000 | - / | معرر ب | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32080 | | | ÇITY- | | | - J | | | | |
| TITLE NAME | | | | 1- | | 5¥ | August. | ichael above to | 32 | | |
| CTOCCT +000C00 | PRYOR, CAROL | | ☐ Delete | TITLE | | 5¥ | August. | ive, Fl | 32 | <i>OSU</i> ☐ Change | Addition |
| STREET ADDRESS | 20106 HARBOUR VISTA | | ☐ Delete | NAME STREE | E Et address | 54 | August. | ive, Fl | 37 | | ☐ Addition |
| CITY-ST-ZIP | 20106 HARBOUR VISTA ST AUGUSTINE, FL 320 | | | NAME STREE CITY - | E ET ADDRESS -ST-ZIP | 5¥ | August. | ive, Fl | 32 | ☐ Change | |
| | 20106 HARBOUR VISTA | | ☐ Delete | NAME STREE | E ET ADDRESS -ST-ZIP | 5¥ | August. | i.ue, F1 | <i>3</i> 2 | | Addition |
| TITLE NAME STREET ADDRESS | 20106 HARBOUR VISTA ST AUGUSTINE, FL 320 SD GREER, GEORGE 464 SAN NICOLAS WAY | 080 | | NAME STREE CITY - TITLE NAME STREE | ET ADDRESS -SI-ZIP ET ADDRESS | 5¥ | Au z vst | i.ve, F1 | 32 | ☐ Change | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 20106 HARBOUR VISTA ST AUGUSTINE, FL 320 SD GREER, GEORGE 464 SAN NICOLAS WAY ST AUGUSTINE, FL 320 | 080 | ☐ Delete | NAME STREE CITY- TITLE NAME STREE CITY- | E E ET ADDRESS E E E E ADDRESS EST-ZIP | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | 20106 HARBOUR VISTA ST AUGUSTINE, FL 320 SD GREER, GEORGE 464 SAN NICOLAS WAY | 080 | | NAME STREE CITY- TITLE NAME STREE CITY- | E E ET ADDRESS E E E E ADDRESS EST-ZIP | | | | | ☐ Change | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 20106 HARBOUR VISTA ST AUGUSTINE, FL 320 SD GREER, GEORGE 484 SAN NICOLAS WAY ST AUGUSTINE, FL 320 TD AGLIATA, ANTHONY M 415 PLAYERS COURT | 080 / 080 | ☐ Delete | NAME STREE CITY- IIILE NAME STREE CITY- TITLE NAME STREE | E E ET ADDRESS E E E E ADDRESS EST-ZIP | | | | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 20106 HARBOUR VISTA ST AUGUSTINE, FL 320 SD GREER, GEORGE 464 SAN NICOLAS WAY ST AUGUSTINE, FL 320 TD AGLIATA, ANTHONY M | 080 / 080 | □ Delete □ Delete | NAME STREE CITY- IIILE NAME STREE CITY- TITLE NAME STREE CITY- | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP Therefore the standard sta | | | 1es come Vista | | ☐ Change ☐ Change ☐ Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 20106 HARBOUR VISTA ST AUGUSTINE, FL 320 SD GREER, GEORGE 484 SAN NICOLAS WAY ST AUGUSTINE, FL 320 TD AGLIATA, ANTHONY M 415 PLAYERS COURT | 080 / 080 | ☐ Delete | NAME STREE CITY- IIILE NAME STREE CITY- TITLE NAME STREE | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | | | | | ☐ Change | ☐ Addition |
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BUSING OFFICER OR DIRECTOR

Date Daytime Phone #