

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007402

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE PRESERVE ON ANASTASIA ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1000 HARBOUR VISTA
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1000 HARBOUR VISTA
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-1561643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER PROPERTIES REALTY GROUP, INC.
1000 HARBOUR VISTA CIR
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NARAMORE, TOM
Address: 16110 HARBOUR VISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DV () Delete
Name: SCHNEIDER, EDWARD
Address: 9277 JULY LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD () Delete
Name: MORISSETTE, MAURICE
Address: 24 COLLING YON CT
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: WILLIAMS, RICHARD D
Address: 25207 HARBOUR VISTA CIR
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ASD () Delete
Name: GREER, GEORGE
Address: 464 SAN NICHOLAS WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: BONNEVIER, CHRISTOPHER
Address: 1000 HARBOUR VISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LYNCH, CHERYL
Address: 31113 HARBOUR VISTA CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TOMLINSON, RICK
Address: 6300 A1A SOUTH, #A14U
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: GREER, GEORGE
Address: 464 SAN NICHOLAS WAY
City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM NARAMORE

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date