


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90006 040 ****61.25

DOCUMENT NO 04000007488		
1. Entity Name ASALON PRESERVE MASTER ASSOCIATION		

Principal Place of Business 2525 PARKWAY STREET FT. MYERS, FL 33901	Mailing Address 2525 PARKWAY STREET FT. MYERS, FL 33901
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40054283



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-189-3889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REALTY SERVICES PROPERTY MANAGEMENT COMPANY
2525 PARKWAY STREET
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name **REALTY SERVICES**

Street Address (P.O. Box Number is Not Acceptable)

2525 PARKWAY ST

City

FORT MYERS

FL

Zip Code

33901

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering)

2/29/08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ZUKERMAN, HAIM M	
STREET ADDRESS	8750-12 GLADIOLUS DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33908	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZUCKERMAN, RON	
STREET ADDRESS	8750-12 GLADIOLUS DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33908	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ZUSPANN, MARJORIE	
STREET ADDRESS	8750-12 GLADIOLUS DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33908	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN DECHRISTOPHER	
STREET ADDRESS	11869 BAYPORT LANE #1302	
CITY-ST-ZIP	FORT MYERS FL 33908	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANCE CHANEY	
STREET ADDRESS	11819 BAYPORT LANE #402	
CITY-ST-ZIP	FORT MYERS, FL 33908	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARINA L UMAR	
STREET ADDRESS	11825 BAYPORT LN #504	
CITY-ST-ZIP	FORT MYERS, FL 33908	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES SMITH	
STREET ADDRESS	8643 S. TRIPP	
CITY-ST-ZIP	CHICAGO, ILL 60652	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/08 **239-882-9612**
Date Daytime Phone