## 2005 NOT-FOR-PROFIT CORPORATION

## Mar 28, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N04000007899 03-28-2005 90081 037 \*\*\*\*61.25 1. Entity Name THE PRESERVE AT LAKE WASHINGTON SUBDIVISION HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address <sup>'</sup>517-B Harbor City Blvd. 50031514 517-B HARBOR CITY BLVD. MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 30 - 0282341 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCWILLIAMS, DAVID T 517-B HARBOR CITY BLVD. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32935 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Deteta TITLE Change ☐ Addition MCWILLIAMS, DAVID T NAME NAME STREET ADDRESS 517-B HARBOR CITY BLVD. STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CtTY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME WAGNER, RICHARD L NAME STREET ADDRESS 115 E. NEW HAVEN AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-7IP TITLE ☐ Delete m F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TTDE ☐ Change ■ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-7IP

NAME STREET ADDRESS

DAVID T MeWilliams SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFF