
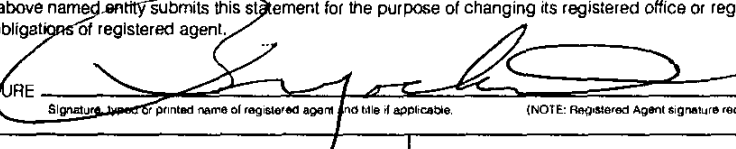
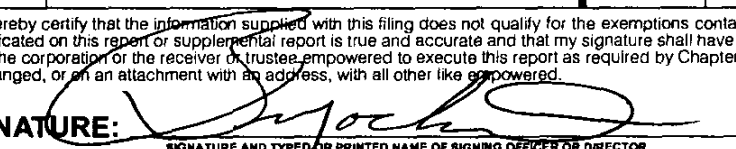


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90170 046 ****61.25

DOCUMENT # N04000007899 1. Entity Name THE PRESERVE AT LAKE WASHINGTON SUBDIVISION HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 517-B HARBOR CITY BLVD. MELBOURNE, FL 32935		Mailing Address 517-B HARBOR CITY BLVD. MELBOURNE, FL 32935	
2. Principal Place of Business - No P.O. Box # 2193 DRYDEN CT Suite, Apt. #, etc. Box 122 City & State Melbourne FL Zip 32935		3. Mailing Address 2193 DRYDEN CT Suite, Apt. #, etc. Box 122 City & State Melbourne FL Zip 32935	
Country US		Country US	
4. FEI Number 30-0282341		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 MCWILLIAMS, DAVID T 517-B HARBOR CITY BLVD. MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name BRUCE MOCHWART Street Address (P.O. Box Number is Not Acceptable) 2235 CANOPY DR. City Melbourne	
State FL		Zip Code 32935	
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)			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D MCWILLIAMS, DAVID T 517-B HARBOR CITY BLVD. MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rene DeVillers 2080 CANOPY DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, RICHARD L 115 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINCENT GREENWAD 1900 CANOPY DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARISE Keels 2193 DRYDEN CT MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUCE MOCHWART 2235 CANOPY DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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 4-10-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE MOCHWART		Daytime Phone # 3212422200	