

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90016 012 \*\*\*\*61.25

**DOCUMENT # N05000003162**

1. Entity Name  
**THE CONSERVATORY PROPERTY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**31 Lupi Court, Suite 150  
Palm Coast, FL 32137**

Mailing Address  
**31 Lupi Court, Suite 150  
Palm Coast, FL 32137**

40044135



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-2691691**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GINN PROPERTY MANAGEMENT, LLC**

**31 Lupi Court, Suite 150  
Palm Coast, FL 32137**

Name

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

**31 Lupi Court, Suite 150  
Palm Coast, FL 32137**

**FL**

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

*Melissa Shane*

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

(NOTE: Registered Agent signature required when reinstating)

3-22-07

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHANE, MELISSA ☐ Delete  
STREET ADDRESS 31 Lupi Court, Suite 150  
CITY-ST-ZIP Palm Coast, FL 32137

TITLE VD  
NAME GEORGE, SHAWN ☐ Delete  
STREET ADDRESS 1 HAMMOCK BEACH PARKWAY  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE SD  
NAME ABDALLA, CHRIS ☐ Delete  
STREET ADDRESS 31 Lupi Court, Suite 150  
CITY-ST-ZIP Palm Coast, FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Melissa Shane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

Date

386-246-5747

Daytime Phone #