
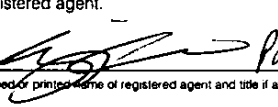
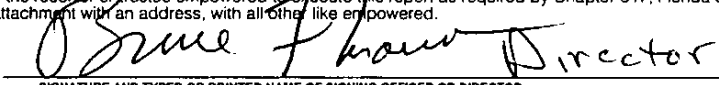


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 025 ****61.25

DOCUMENT # N05000005935					
1. Entity Name THE PRESERVE AT BONITA SPRINGS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2640 GOLDEN GATE PARKWAY STE 115 NAPLES, FL 34105			Mailing Address 2640 GOLDEN GATE PARKWAY STE 115 NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box # Dublin Woods Circle Suite, Apt. #, etc. Bonita Springs City & State Florida Zip 34135 Country USA		3. Mailing Address c/o Colonial Square Realty Suite, Apt. #, etc. P O Box 10608 City & State Naples FL Zip 34101 Country USA			
4. FEI Number 50-4477081		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CONROY, III, J THOMAS ESQ. 2640 GOLDEN GATE PARKWAY STE 115 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Colonial Square Realty Inc Street Address (P.O. Box Numbers Not Acceptable) 1048 Goodlette Road #200 City Naples FL Zip Code 34102		
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  President <i>Colonial Square Realty Inc.</i> DATE <i>4-25-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 MASSA, BRUCE F 5131 POST ROAD STE 350 NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERER, RONALD E JR 5131 POST ROAD STE 350 NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCOSKI, DONALD J JR 5131 POST ROAD STE 350 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Director DATE <i>5/8/07</i> DAYTIME PHONE # <i>614-214-7878</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					