

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007578

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE PRESERVE AT CHARLOTTE HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5121 MELBOURNE STREET
CLUBHOUSE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

809 WALKERBILT RD
SUITE 6
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-3200888 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALL INCLUSIVE MANAGEMENT, INC.
809 WALKERBILT RD.
SUITE 6
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

PUSKARIC, DAVID A JR.
809 WALKERBILT RD.
SUITE 6
NAPLES, FL 34110 US

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.

SIGNATURE: DAVID A. PUSKARIC JR 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BESHEARS, MARC
Address: 995 TAMIAMI TRAIL STE B
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: DVP () Delete
Name: MAPPES, KENNETH
Address: 5121 MELBOURNE STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DS () Delete
Name: DEGROSS, DEAN
Address: 5121 MELBOURNE STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC BESHEARS DPT 04/30/2009
Electronic Signature of Signing Officer or Director Date