

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007578

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5121 MELBOURNE STREET  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

809 WALKERBILT RD  
SUITE 6  
NAPLES, FL 34110

**New Mailing Address:**

PO BOX 112346  
NAPLES, FL 34108

**FEI Number:** 20-3200888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PARKLINE MANAGEMENT LLC  
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 PUSKARIC

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: DEWIRE, DEBBIE  
Address: 5121 MELBOURNE STREET  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: PD  
Name: GEISTFELD, THEODORE  
Address: 5121 MELBOURNE STREET  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VPD  
Name: UREVIG, THOMAS  
Address: 5121 MELBOURNE STREET  
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby 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 all other like empowered.

SIGNATURE: DAVID PUSKARIC

MGR

03/08/2012

Electronic Signature of Signing Officer or Director

Date