## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2008 8:00 am Secretary of State

561)790-0202

DOCUMENT # N05000010242  1. Entity Name THE PRESERVE AT BAY HILL ESTATES HOMEOWNERS ASSOCIATION, INC.							f 	04-11-200 <b>x</b>	3 90034 03	3 *****6	01.25
8136 OKEECHOBEE BLVD. 813				illing Address 136 OKEECHOBEE BLVD. EST PALM BEACH, FL 33411				·	LIA SETRI ATAN BOLIA	M <b>e</b> ll <b>e</b> tnes iin	
2. Principal Place of Business - No P.O. Box #       3. Ma         / 0 / 3 N . State Rt 7       / 0         Suite, Apt. #, etc.       St			3. Mailing	Mailing Address 1013 N. State RJ 7 Suite, Apt. #, etc.			01302008 Chg-NP CR2E037 (12/06)				
Royal Rolm Beach, FL Roy				City & State  10/ Palm Beach, FL  Tip Country			4. FEI Number APPLIED FOR 20 - 372 9554 Applied For Not Applicable				
33411			33	341/			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Nar		7. Name and Ad	dress of New f	Registered Ag	ent	
JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400						Name Street Address (P.O. Box Number is Not Acceptable)					
MiAMI, FL	. 33131				City	,			FL	Zip Code	e
8. The above	named entity st	submits this statement for ed agent.	for the purpose	e of changing its	s registered office	ce or registe	red agent, or both, in	n the State of Fl		niliar with,	and accept
SIGNATURE		printed name of registered agent	nt and little if applica	ble. (NO	TE: Registered Agenti	signature required	: d when reinstating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2008							1				
•	_				ampaign Finarici Contribution.		\$5.00 May Be Added to Fees		lake check prida Departm		
10,	_		NRECTORS		ampaign Financi	ing	\$5.00 May Be	Flo	rida Departm	ent of St	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ROE 8136 OKEE	OFFICERS AND DI			ampaign Financi Contribution.	PD Shaness 1013	\$5.00 May Be Added to Fees ADDITIONS/CHANCE FOR Caput N. State R	FIO OFFICE	rida Departm RS AND DIRE	ent of St	tate
TITLE NAME STREET ADDRESS	PD SMITH, ROE 8136 OKEEC WEST PALM VD KIEM, OMAE 8136 OKEEC	OFFICERS AND DI OFFICERS AND DI BERT CHOBEE BLVD. M BEACH, FL 33411	1	Trust Fund	ampaign Financi Contribution.  11. TITLE NAME STREET ADDR	PD Shames 1013 Roya Vy	\$5.00 May Be Added to Fees ADDITIONS/CHANG	FIO OFFICE TO A 7 ach, FL	rida Departir RS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SMITH, ROE 8136 OKEEC WEST PALM VD KIEM, OMAE 8136 OKEEC WEST PALM STD DOYLE, SE/8136 OKEEC 8136 OKEEC	OFFICERS AND DI BERT CHOBEE BLVD. M BEACH, FL 33411 R CHOBEE BLVD. M BEACH, FL 33411	1	Trust Fund	TITLE  NAME  STREET ADDR  CITY-ST-ZIP  TITLE  NAME  STREET ADDR  CITY-ST-ZIP  TITLE	PD Shaw 1013 Roya 1015 Roya STD	\$5.00 May Be Added to Fees ADDITIONS/CHANC FON Caput N. State R al Palm Beach X State	FIO GES TO OFFICE TO A A, FL RC7 A, FL 3	73411	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD SMITH, ROE 8136 OKEEC WEST PALM VD KIEM, OMAE 8136 OKEEC WEST PALM STD DOYLE, SE/8136 OKEEC 8136 OKEEC	DEFICERS AND DI DEFICERS AND D	1	Trust Fund  Delete  Delete	TITLE  NAME  STREET ADDR  CITY-ST-ZIP  TITLE  NAME  STREET ADDR  CITY-ST-ZIP  TITLE	PD Shames 1013 Roya STD Jili Roya Roya Roya Roya Roya Roya Roya Roya	\$5.00 May Be Added to Fees ADDITIONS/CHANC FON Caput N. State R al Palm Beach Kicm 3 N State al Palm Beach	FIO GES TO OFFICE TO A A, FL RC7 A, FL 3	33411 27411	CTORS IN Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ROE 8136 OKEEC WEST PALM VD KIEM, OMAE 8136 OKEEC WEST PALM STD DOYLE, SE/8136 OKEEC 8136 OKEEC	DEFICERS AND DI DEFICERS AND D	1	Trust Fund  Delete  Delete  Delete	ampaign Financi Contribution.  11.  TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	PD Shames 1013 Roya STD Jili Roya Roya Roya Roya Roya Roya Roya Roya	\$5.00 May Be Added to Fees ADDITIONS/CHANC FON Caput N. State R al Palm Beach X State	FIO GES TO OFFICE TO A A, FL RC7 A, FL 3	73411	CTORS IN Change Change	Addition  Addition  Addition

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_