

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90108 047 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                                                                                                                                                                    |                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N05000010323</b><br>1. Entity Name<br><b>THE PRESERVE AT COLONIAL RECREATION ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                                                                                                                                                                    |                                                                                                                                                       |
| Principal Place of Business<br><b>C/O INTEGRATED PROPERTY MGMT<br/>3435 10TH STREET NORTH #201<br/>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | Mailing Address<br><b>C/O INTEGRATED PROPERTY MGMT<br/>3435 10TH STREET NORTH #201<br/>NAPLES, FL 34103</b>                                                                                                                                                        |                                                                                                                                                       |
| 2. Principal Place of Business - No P.O. Box #<br><b>C/O School Management, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | 3. Mailing Address<br><b>C/O School Management Inc</b>                                                                                                                                                                                                             |                                                                                                                                                       |
| Suite, Apt. #, etc.<br><b>9411 CYPRESS LAKE DR., STE 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      | Suite, Apt. #, etc.<br><b>9411 CYPRESS LAKE DR., STE 2</b>                                                                                                                                                                                                         |                                                                                                                                                       |
| City & State<br><b>FORT MYERS, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      | City & State<br><b>FORT MYERS, FL</b>                                                                                                                                                                                                                              |                                                                                                                                                       |
| Zip<br><b>33919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br><b>LEE</b>                                                                                                | Zip<br><b>33919</b>                                                                                                                                                                                                                                                | Country<br><b>LEE</b>                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br><br><b>STACKHOUSE, EDWIN D<br/>% PULTE HOME CORPORATION<br/>9148 BONITA BEACH ROAD, SUITE 102<br/>BONITA SPRINGS, FL 34135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>BOB GELLES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>C/O School Management, Inc.</b><br><b>9411 CYPRESS LAKE DR., STE 2</b><br>City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33919</b> |                                                                                                                                                       |
| 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.<br><br>SIGNATURE <u><i>Robert E. Geller</i></u> <u><i>Robert E. Geller</i></u> <u><i>4-18-08</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>                                                                                                                                           |                                                                                                                      |                                                                                                                                                                                                                                                                    |                                                                                                                                                       |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                |                                                                                                                                                       |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                                                                                                                                                                                    |                                                                                                                                                       |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                       |                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>MARUCCI, PHIL<br/>9617 HEMMINGWAY LANE #3810<br/>FORT MYERS, FL 33913</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                     | DP <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Ginsberg, Elaine<br/>9563 Hemingway Lane #4506<br/>Ft. Myers, FL 33913</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>GINSBERY, ELAINE<br/>9563 HEMMINGWAY LANE #4508<br/>FORT MYERS, FL 33913</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                     | DST <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Wiitala, Jack<br/>9667 Hemingway Lane #3110<br/>Ft. Myers, FL 33913</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>SEXTON, JAMES<br/>9617 HEMMINGWAY LANE #3801<br/>FORT MYERS, FL 33913</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                     | DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Bauer, Greg<br/>9667 Hemingway Lane #3109<br/>Ft. Myers, FL 33913</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                      |                                                                                                                                                                                                                                                                    |                                                                                                                                                       |
| <b>SIGNATURE:</b> <u><i>Elaine Ginsberg</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | <u><i>4-1-08</i></u> <u><i>239-561-9595</i></u><br><small>Date Daytime Phone #</small>                                                                                                                                                                             |                                                                                                                                                       |

*Elaine Ginsberg*