
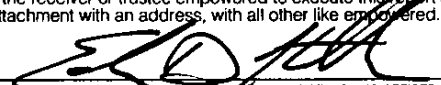


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90194 004 ****61.25

DOCUMENT # N05000010330					
1. Entity Name THE PRESERVE AT COLONIAL SECTION I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O INTERGRATED PROPERTY MGT 3435 10TH STREET N 201 NAPLES, FL 34103			Mailing Address C/O INTERGRATED PROPERTY MGT 3435 10TH STREET N 201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3907874	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEILDS, CHRISTOPHER J 1833 HENDRY STREET PO DRAWER 1507 FORT MYERS, FL 33902			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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	PD STACKHOUSE, EDWIN D <input checked="" type="checkbox"/> Delete %PULTE HOME CORP-9148 BONITA BACH RD-# 102 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEEKS, W. MICHAEL <input checked="" type="checkbox"/> Delete %PULTE HOME CORP-9148 BONITA BACH RD-# 102 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, LAURA <input checked="" type="checkbox"/> Delete %PULTE HOME CORP-9148 BONITA BACH RD-# 102 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GINSBERG, ELAINE <input type="checkbox"/> Delete 9563 HEMINGWAY LANE 4506 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRONDIN, HEATHER <input type="checkbox"/> Delete 9583 HEMINGWAY LANE 4309 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THEISEN, TIM <input type="checkbox"/> Delete 12941 73RD AVE OSSEO, MN 55369		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: 			4.2.07 239. 475. 4827		
EDWIN D. STACKHOUSE			Date Daytime Phone #		