2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010330

FILED Mar 11, 2009 Secretary of State

Entity Name: THE PRESERVE AT COLONIAL SECTION I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SCHOO MANAGEMENT, INC 9411 CYPRESS LAKE DRIVE, SUITE 2 FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

C/O SCHOO MANAGEMENT, INC 9411 CYPRESS LAKE DRIVE, SUITE 2 FORT MYERS, FL 33919 US

FEI Number: 20-3907874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GELLES, BOB C/O SCHOO MANAGEMENT, INC 9411 CYPRESS LAKE DRIVE, SUITE 2 FORT MYERS, FL 33919 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:P (X) Change () AdditionName:GINSBERG, ELAINEName:GINSBERG, ELAINEAddress:9563 HEMINGWAY LANE 4506Address:9563 HEMINGWAY LANE 4506City-St-Zip:FORT MYERS, FL 33913City-St-Zip:FORT MYERS, FL 33913

Title: DVP () Delete Title: VP (X) Change () Addition Name: GRONDIN, HEATHER Name: CASSIDY, JACK

 Address:
 9583 HEMINGWAY LANE 4309
 Address:
 9563 HEMINGWAY LANE # 4507

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:
 FORT MYERS, FL 33913

Title: DST () Delete Title: ST (X) Change () Addition Name: THEISEN, TIM Name: LOSSOV, LISBETH

 Address:
 12941 73RD AVE
 Address:
 9575 HEMINGWAY LANE # 4409

 City-St-Zip:
 OSSEO, MN 55369
 City-St-Zip:
 FORT MYERS, FL 33913

Title: GST () Delete Title: D (X) Change () Addition

Name: RAMSEY, GARRY Name: RAMSEY, GARRY

 Address:
 9583 HEMINGWAY LANE #4301
 Address:
 9583 HEMINGWAY LANE #4301

 City-St-Zip:
 FORT MYERS, FL 33913
 FORT MYERS, FL 33913

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: ROBERT E GELLES CAM 03/11/2009