


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004395 1. Entity Name THE PRESERVE AT COLONIAL SECTION III CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N #201 NAPLES, FL 34103	Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N #201 NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3907874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY ST
PO DRAWER 1507
FORT MYERS, FL 33902**

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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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000851200 03/25/08-80028-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBRIEN, DAN 9631 HEMMINGWAY LN #3607 FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAY, MAREN 9647 HEMMINGWAY LN #3409 FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CASTERIOTO, LISA 9631 HEMMINGWAY LN #3701 FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Daniel J O'Brien **DANIEL J OBRIEN** 3/5/08 872-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #