2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N06000004395

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

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435 10TH ST N #201
NAPLES, FL 34103

New Principal Place of Business:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435 10TH ST N #201
NAPLES, FL 34103

New Mailing Address:

C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GELLES, ROBERT E
9411-2 CYPRESS LAKE DR
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: ROBERT E GELLES 03/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OBRIEN, DAN
Address: 9631 HEMMINGWAY LN #3607
City-St-Zip: FORT MYERS, FL 33913

Title: DVP ( ) Delete
Name: RAY, MAREN
Address: 9647 HEMMINGWAY LN #3409
City-St-Zip: FORT MYERS, FL 33913

Title: DST ( ) Delete
Name: CASTERIOTO, LISA
Address: 9631 HEMMINGWAY LN #3701
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OBRIEN, DAN
Address: 12490 VILLAGIO WAY
City-St-Zip: FORT MYERS, FL 33912

Title: VP (X) Change ( ) Addition
Name: CASTERIOTO, GENNARO
Address: 9625 HEMINGWAY LANE
City-St-Zip: FORT MYERS, FL 33913

Title: DST (X) Change ( ) Addition
Name: SCIOSCIA, JOE
Address: 9625 HEMINGWAY LANE
City-St-Zip: 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 03/12/2009
Electronic Signature of Signing Officer or Director Date