
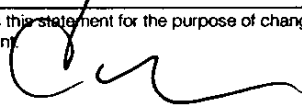
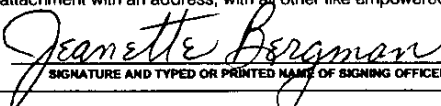


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 047 ****61.25

DOCUMENT # N06000006644 1. Entity Name THE PRESERVE AT COLONIAL SECTION IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34135			Mailing Address C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # c/o Integrated Property Mgmt.		3. Mailing Address c/o Integrated Property Mgmt.			
Suite, Apt. #, etc. 3435 - 10th Street N., #201		Suite, Apt. #, etc. 3435 - 10th Street N., #201			
City & State Naples, FL		City & State Naples, FL			
Zip 34103	Country	Zip 34103	Country	4. FEI Number 20-3907874	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Shields, Christopher J. Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street PO Drawer 1507 City Ft. Myers, FL FL Zip Code 33902		
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  DATE 3/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 C/O 9148 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bergman, Jeanette 9653 Hemmingway Lane, #3310 Ft. Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORMICK, RICHARD C/O 9148 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP German, Arthur 9661 Hemmingway Lane, #3209 Ft. Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, LAURA C/O 9148 BONITA BEACH ROAD #102 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Baptista, Tatiana 9661 Hemmingway Lane, #3202 Ft. Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:  Jeanette Bergman 04-07-07 362-0422 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					