2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006644

FILED Mar 12, 2009 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N. #201

NAPLES, FL 34103

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

New Mailing Address: **Current Mailing Address:**

FEI Number Applied For ()

C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N. #201

C/O SCHOO MANGEMENT 9411-2 CYPRESS LAKE DR

NAPLES, FL 34103

FORT MYERS, FL 33919

FEI Number: 20-3907874

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J 1833 HENDRY STREET P.O. DRAWER 1507

GELLES, ROBERT E 9411-2 CYPRESS LAKE DR

FORT MYERS, FL 33919

FORT MYERS, FL 33902 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

BERGMAN, JEANETTE

Name: 9653 HEMMINGWAY LANE Address: City-St-Zip: FORT MYERS, FL 33913

Title: VD () Delete

GERMAN, ARTHUR Name:

Address: 9661 HEMMINGWAY LANE #3209 City-St-Zip: FORT MYERS, FL 33913

Title: DST () Delete BAUER, GREG Name:

9667 HEMINGWAY LANE #3109 Address: City-St-Zip: FORT MYERS, FL 33913

(X) Change () Addition

BERGMAN, JAY Name:

Address: 9653 HEMMINGWAY LANE City-St-Zip: FORT MYERS, FL 33913

Title: VD (X) Change () Addition

Name: BAUER, GREG

Address: 9667 HEMINGWAY LANE City-St-Zip: FORT MYERS, FL 33913

Title: DST (X) Change () Addition

CANDICE, CARTER Name: Address: 9661 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