## 2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000002471

TI FILED
Oct 06, 2010
Secretary of State

Entity Name: THE PRESERVE AT HEATH BROOK HOMEOWNERS' ASSOCIATION, INC.

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

C/O FLAGLER MANAGEMENT, INC.

16 GOLF VIEW DRIVE

C/O FLAGLER MANAGEMENT, INC.

2143 NE 2ND STREET

Current Mailing Address: New Mailing Address:

C/O FLAGLER MANAGEMENT, INC. PO BOX 830177 OCALA, FL 34483 US

OCALA, FL 34472

FEI Number: 20-8710893 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

OCALA, FL 34470

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

FLAGLER MANAGEMENT, INC.

16 GOLF VIEW DRIVE

OCALA, FL 34472 US

FLAGLER MANAGEMENT, INC.

2143 NE 2ND AVE.

OCALA, FL 34470 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: LINDA WILSON 10/06/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: SEARLES, JOE

Address: 4843 SW 63RD STREET City-St-Zip: OCALA, FL 34474

Title: VP

Name: DEMARIS, TAI
Address: 4481 SW 62ND LOOP
City-St-Zip: OCALA, FL 34474

Title: T

Name: SWANSON, JOEL Address: 4813 SW 63RD STREET City-St-Zip: OCALA, FL 34474

Title: 9

Name: CUMMINGS, CYNTHIA Address: 4844 SW 62ND STREET City-St-Zip: OCALA, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: JOE SEARLES P 10/06/2010