

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002756

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** THE PRESERVE AT LINDSEY ISLAND COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

111 LINDSEY ISLAND RD.  
PERRY, FL 32348

**New Principal Place of Business:**

**Current Mailing Address:**

111 LINDSEY ISLAND RD.  
PERRY, FL 32348

**New Mailing Address:**

FEI Number: 20-4527959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CASEY, DEBORAH C.  
111 LINDSEY ISLAND RD.  
PERRY, FL 32348      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TP      ( ) Delete  
Name: CLARK, L.B. III  
Address: 511 BISHOP BLVD.  
City-St-Zip: PERRY, FL 32348

Title: TV      ( ) Delete  
Name: HARBARGER, MARK N.  
Address: 5180 GREENWICH RD.  
City-St-Zip: SEVILLE, OH 44273

Title: TST      ( ) Delete  
Name: CASEY, DEBORAH C.  
Address: 111 LINDSEY ISLAND RD.  
City-St-Zip: PERRY, FL 32348

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBORAH C. CASEY

TST

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date