

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0096106

DOCUMENT # N14148

1. Entity Name

**THE PRESERVE AT MISTY CREEK HOMEOWNERS ASSOCIATI
 ON, INC.**

04-03-2002 90032 015 ****61.25

Principal Place of Business 8789 MISTY CREEK BLVD SARASOTA FL 34241 US	Mailing Address 8789 MISTY CREEK BLVD SARASOTA FL 34241 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2782042	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~RUSSELL, JEFF~~
~~P.O. BOX 49948~~
~~240 S PINEAPPLE AVE~~
~~SARASOTA FL 34280~~

Becker + FOLIAKOFF PA
630 ORANGE AVE. S.
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME SINGER, CARMEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8383 EAGLE CROSSING	
CITY-ST-ZIP SARASOTA FL 34241	
P TITLE NAME MARTINES, TED	<input type="checkbox"/> Delete
STREET ADDRESS 8817 WILD DUNES DR	
CITY-ST-ZIP SARASOTA FL 34241	
D TITLE NAME ALBINSON, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8512 EAGLE PRESERVE WAY	
CITY-ST-ZIP SARASOTA FL 34241	
VPS TITLE NAME BLANK, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS 9036 MISTY CREEK DR	
CITY-ST-ZIP SARASOTA FL 34241	
D TITLE NAME EAKIN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 8975 MISTY CREEK DR	
CITY-ST-ZIP SARASOTA FL 34241	
D TITLE NAME HALL, STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS 8755 MISTY CREEK DR	
CITY-ST-ZIP SARASOTA FL 34241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T TITLE NAME WILLIAM BAKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8349 EAGLE LAKE DRIVE	
CITY-ST-ZIP SARASOTA, FL 34241	
D. TITLE NAME MARTINES, TED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
PRESIDENT TITLE NAME KARDING, THOMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8781 MISTY CREEK DR.	
CITY-ST-ZIP SARASOTA, FL 34241	
D. TITLE NAME LINDA DRIGGS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8729 MISTY CREEK DR.	
CITY-ST-ZIP SARASOTA, FL 34241	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas Karding, President 927-6605 3/27/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)