

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90330 047 ****61.25

DOCUMENT # N14148

1. Entity Name

**THE PRESERVE AT MISTY CREEK HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**8789 MISTY CREEK BLVD
SARASOTA FL 34241
US**

Mailing Address

**8789 MISTY CREEK BLVD
SARASOTA FL 34241
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2782042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, STEPHEN
PORGES, HAMLIN, KNOWLES, PROUTY, PA
1205 MANATEE AVE WEST
BRADENTON FL 34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME **BAKER, WILLIAM**
STREET ADDRESS **8349 EAGLE LAKE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

VPS ☒ Delete
NAME **DEGGERS, KIM**
STREET ADDRESS **8525 EAGLE PRESERVE WAYT**
CITY-ST-ZIP **SARASOTA FL 34241**

P ☒ Delete
NAME **KAEDING, THOMAS**
STREET ADDRESS **8781 MISTY CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34241**

D ☐ Delete
NAME **MITCHELL, JAMES**
STREET ADDRESS **8497 EAGLE PRESERVATION WAY**
CITY-ST-ZIP **SARASOTA FL 34241**

D ☒ Delete
NAME **EAKIN, ROBERT**
STREET ADDRESS **8975 MISTY CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34241**

D ☒ Delete
NAME **HALL, STEPHEN**
STREET ADDRESS **8755 MISTY CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34241**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME **BILL THOMPSON**
STREET ADDRESS **8505 EAGLE PRESERVE WAY**
CITY-ST-ZIP **SARASOTA, FL 34241**

P ☐ Change ☒ Addition
NAME **DAMAIA, FRED**
STREET ADDRESS **8311 EAGLE CROSSING**
CITY-ST-ZIP **SARASOTA, FL. 34241**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME **BAUGHMAN, TOM**
STREET ADDRESS **8312 MISTY WOOD COURT**
CITY-ST-ZIP **SARASOTA, FL. 34241**

D ☐ Change ☒ Addition
NAME **SCALICI, JAMES**
STREET ADDRESS **8453 EAGLE PRESERVE WAY**
CITY-ST-ZIP **SARASOTA, FL. 34241**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-04 **(941)**
922-8623