## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N25339**



		N TO PRESERVE	E THE EA	ATONVILLE									
Principal Place of Business 227 E. KENNEDY BLVD. EATONVILLE, FL 32751 US			227 E	Mailing Address 227 E KENNEDY BLVD. EATONVILLE, FL 32751 US							11  <b>1</b>    <b>1</b>    1		
2. Principal Place of Business - No P.O. Box # 3.				. Mailing Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				04212008	Chg-NP	CR2	2E037	(12/06)	
City & State				City & State				4. FEI Number 59-2952662					plied For at Applicable
Zip		Country	Zip	Zip Co.			5. Certificate of Status Desired			Fe	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				I Agent		Name		7. Name and	Address of Ne	w Registe	red Ag	ent	
PRESERVE EATONVILLE COMMUNITY, INC. 227 E. KENNEDY BLVD. EATONVILLE, FL 32751						Street Address (P.O. Box Number is Not Acceptable)							
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	e named entity s tions of register	submits this statement for red agent.	or the purpo	se of changing its	registered	office or re	egistere	d agent, or bot	h, in the State o			miliar with,	and accept
SIGNATURE.	Signature, typed or	printed name of registered agent	d and title if appli	cable. (NOTE:	: Registered A	igent signature r	e required w	vhen reinstating)		DA	ATE		
SIGNATURE	Signature, typed or Filling Fee Due by Ma	is \$61.25	d and title il appli	9. Election Cam Trust Fund C	paign Fina	ancing		\$5.00 May Badded to Fees	e	Make ci	heck p	payable to	o tate ∀qqp_>.
SIGNATURE	Filing Fee Due by Ma	is \$61.25		9. Election Cam	paign Fina	ancing	) AI	\$5.00 May Banded to Fees	e .!	Make ci Florida De	heck p epartn	nent of St	tate your
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Thereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119. Florida Statutes: I further certify that the information indicated on this report or suppliemental 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 pacetiver 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

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90108 038 \*\*\*\*70.00