

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 21, 2008**  
**Secretary of State**

DOCUMENT# N45724

**Entity Name:** THE PRESERVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**409 E COLLEGE AVE  
RUSKIN, FL 33570**New Principal Place of Business:**13911 N DALE MABRY HWY  
SUITE 201A  
TAMPA, FL 33618**Current Mailing Address:**PO BOX 1058  
RUSKIN, FL 33575**New Mailing Address:**13911 N DALE MABRY HWY  
SUITE 201A  
TAMPA, FL 33618**FEI Number:** 59-3124222**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILSON, LOU ELLEN  
409 E COLLEGE AVE  
RUSKIN, FL 33570 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: DP ( ) Delete  
Name: ENGSTROM, PHIL  
Address: 2103 PRESERVATION DR  
City-St-Zip: PLANT CITY, FL 33566

Title: DST ( ) Delete  
Name: BETHEA, CAROLYN  
Address: 1903 PRESERVATION RD  
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete  
Name: STRAND, RICHARD  
Address: PRESERVATION DRIVE  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: SOLOMON, STEVE  
Address: 1913 PRESERVATION DR  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: COLEMAN, KENDALL  
Address: 2011 ALESCIVATIM DR  
City-St-Zip: PLANT CITY, FL 33566

**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:

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: PHIL ENGSTROM

PRES

08/21/2008

Electronic Signature of Signing Officer or Director

Date