

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90025 043 \*\*\*\*61.25

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01102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N49100</b> 1. Entity Name <b>THE PRESERVE HOMEOWNERS ASSOCIATION OF PONTE VEDRA, INC.</b>					
Principal Place of Business <b>MAY MANAGMENT SERVICES INC</b> <b>10036 SAWGRASS DRIVE SUITE 1</b> <b>PONTE VEDRA BEACH, FL 32082 US</b>			Mailing Address <b>10036 SAWGRASS DRIVE</b> <b>SUITE 1</b> <b>PONTE VEDRA BEACH, FL 32082 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3137671</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARKS, ANNA M</b> <b>C/O MAY MGMT. SVCS., INC.</b> <b>15036 SAWGRASS DR., STE. 1</b> <b>PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COTTER, MALINDA</b> <b>105 SEA ISLAND DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Malinda Cotter</b> <b>105 Sea Island Dr.</b> <b>Ponte Vedra Beach FL 32082</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GUGLIEMMO, TOM</b> <b>108 SOUTH NINE LAKE CIR</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FAIRLEY, ROBERT</b> <b>164 SEA ISLAND DR.</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert Fairley</b> <b>164 Sea Island Dr.</b> <b>Ponte Vedra Beach FL 32082</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TARANTO, MONROE</b> <b>344 S NINE</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bill Meister</b> <b>188 Sea Island Dr.</b> <b>Ponte Vedra Beach FL 32082</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, LINDA</b> <b>100 SOUTH NINE LAKE CIRCLE</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Louise Leve</b> <b>165 Sea Island Dr.</b> <b>Ponte Vedra Beach FL 32082</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DL</b> <b>MEISTER, WILLIAM</b> <b>188 SEA ISLAND DR</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bud Wilson</b> <b>105 Sea Island Lake Court</b> <b>Ponte Vedra Beach F 32082</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>			1/29/07 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		