

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90048 023 ****61.25

DOCUMENT # N93000002031

1. Entity Name
**PRESERVATION POINTES PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**610 W POINTE CT SW
VERO BEACH, FL 32962 US**

Mailing Address
**610 W POINTE CT SW
VERO BEACH, FL 32962 US**

50032528



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3183754

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, CONSTANCE
610 W POINTE CT SW
VERO BEACH, FL 32962**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME PAYNE, WARREN
STREET ADDRESS 580 WEST POINTE CT SW
CITY-ST-ZIP VERO BEACH, FL 32962

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

TITLE VPD ☐ Delete
NAME JOHNSON, THOMAS
STREET ADDRESS 610 WEST POINTE CT SW
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME PAYNE, MARY
STREET ADDRESS 580 WEST POINTE CT SW
CITY-ST-ZIP VERO BEACH, FL 32962

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

TITLE TD ☐ Delete
NAME JOHNSON, CONSTANCE
STREET ADDRESS 610 WEST POINTE CT SW
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Jan Bush
STREET ADDRESS 560 East Pointe Ct. SW
CITY-ST-ZIP Vero Beach, FL 32962

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME Tom Maddalla
STREET ADDRESS 560 East Pointe Ct. SW
CITY-ST-ZIP Vero Beach, FL 32962

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:

Constance A Johnson Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-05 (772) 563-4293
Date Daytime Phone #