



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002031</b>		
1. Entity Name <b>PRESERVATION POINTES PROPERTY OWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>610 W POINTE CT SW VERO BEACH, FL 32962 US</b>		Mailing Address <b>610 W POINTE CT SW VERO BEACH, FL 32962 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01032006 No Chg-NP CR2E037 (11/05)		
4. FEI Number <b>59-3183754</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>JOHNSON, CONSTANCE 610 W POINTE CT SW VERO BEACH, FL 32962</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		1100000533880 05/06/06-80143-018 61.25
10. OFFICERS AND DIRECTORS		
TITLE	SD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	BUSH, JAN	
STREET ADDRESS	560 EAST POINTE CT SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	TD	
NAME	JOHNSON, THOMAS	
STREET ADDRESS	610 WEST POINTE CT SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VPD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	MADDALLA, TOM	
STREET ADDRESS	560 EAST POINTE CT SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	PD	
NAME	JOHNSON, CONSTANCE	
STREET ADDRESS	610 WEST POINTE CT SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
SIGNATURE: <u>Constance Johnson, Pres</u> 4-14-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		