



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 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>
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-NP CR2E037 (4/06)

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

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

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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, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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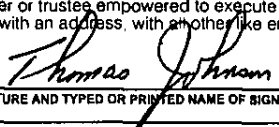
10. OFFICERS AND DIRECTORS

TITLE <b>SD</b>	NAME <b>BUSH, JAN</b>	STREET ADDRESS <b>560 EAST POINTE CT SW</b>	CITY-ST-ZIP <b>VERO BEACH, FL 32962</b>
TITLE <b>TD</b>	NAME <b>JOHNSON, THOMAS</b>	STREET ADDRESS <b>610 WEST POINTE CT SW</b>	CITY-ST-ZIP <b>VERO BEACH, FL 32962</b>
TITLE <b>VPD</b>	NAME <b>MADDALLA, TOM</b>	STREET ADDRESS <b>560 EAST POINTE CT SW</b>	CITY-ST-ZIP <b>VERO BEACH, FL 32962</b>
TITLE <b>PD</b>	NAME <b>JOHNSON, CONSTANCE</b>	STREET ADDRESS <b>610 WEST POINTE CT SW</b>	CITY-ST-ZIP <b>VERO BEACH, FL 32962</b>
TITLE <b></b>	NAME <b></b>	STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
TITLE <b></b>	NAME <b></b>	STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>

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04/19/07-800003-020 61.25

**DO NOT WRITE IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**  **THOMAS JOHNSON** **4-5-07** **772 563 4697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #