


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State


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
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DO NOT WRITE IN THIS SPACE



04052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3183754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

04/22/08-80036-012 61.25

10. OFFICERS AND DIRECTORS

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

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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: Constance Johnson **4-6-08** (772) **563-4293**

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

CONSTANCE JOHNSON