

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N93000002031

Entity Name: PRESERVATION POINTES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

610 W POINTE CT SW
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

610 W POINTE CT SW
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-3183754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BUSH, JAN
Address: 560 EAST POINTE CT SW
City-St-Zip: VERO BEACH, FL 32962

Title: TD () Delete
Name: JOHNSON, THOMAS
Address: 610 WEST POINTE CT SW
City-St-Zip: VERO BEACH, FL 32962

Title: VPD () Delete
Name: MADDALLA, TOM
Address: 560 EAST POINTE CT SW
City-St-Zip: VERO BEACH, FL 32962

Title: PD () Delete
Name: JOHNSON, CONSTANCE
Address: 610 WEST POINTE CT SW
City-St-Zip: VERO BEACH, FL 32962

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BUSH, JAN
Address: 1934 6TH AVE SE
City-St-Zip: VERO BEACH, FL 32962

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MADDALLA, TOM
Address: 1934 6TH AVE SE
City-St-Zip: VERO BEACH, FL 32962

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MEDLIN, MARY
Address: 720 TIMBER RIDGE TRAIL SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Change (X) Addition
Name: GRABHER, WALTER
Address: 595 EAST POINTE CT SW
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS JOHNSON

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date