FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90001 039 ****61.25

[redacted]

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001404

1. Entity Name
THE PRESERVE at Boca Raton, HOA, INC

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C/O AKAM South, INC

2. Principal Place of Business		3. Mailing Address	
551 NW 77th Street		551 NW 77th St.	
Suite, Apt #, etc. 212		Suite, Apt #, etc. 212	
City & State Boca Raton		City & State Boca Raton FL	
Zip FL	Country 33487	Zip 33487	Country USA

54008812
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4. FEI Number 232842340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name AKAM South, INC
Street Address (P.O. Box Number is Not Acceptable) 551 NW 77th Street, Suite 212
City Boca Raton FL Zip Code 33487

8. The above named entity submits this statement for the purposes of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Caroline Perry, LCAM 5/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Garry Olan
STREET ADDRESS	C/O AKAM South, INC. 551 NW 77th st. #212
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VP
NAME	Ken Wiley
STREET ADDRESS	C/O AKAM SOUTH, INC. 551 NW 77th st. #212
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	SECRETARY
NAME	BOB ROMAN
STREET ADDRESS	C/O AKAM South, INC. 551 NW 77th st. #212
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	Treasurer
NAME	Diana Pelligrino
STREET ADDRESS	C/O AKAM South, INC. 551 NW 77th st. #212
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	Director
NAME	Chris Reynolds
STREET ADDRESS	C/O AKAM South INC. 551 NW 77th st. #212
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #