


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000003520</b> 1. Entity Name <b>THE PRESERVE OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5614 ANGELO CIRCLE SEBRING, FL 33872</b>	Mailing Address <b>PO BOX 7121 SEBRING, FL 33872-0103</b>
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**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0599773</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MCHENRY, ROBERT  
5309 MENDAVIA DR.  
SEBRING, FL 33872**

**DO NOT WRITE  
IN THIS SPACE**

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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MCHENRY, ROBERT 5039 MENDAVIA DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP REECE, ROBERT 5037 MENDAVIA DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ANDRUS, PAUL 5740 ANGELO CIRCLE SEBRING, FL 33872
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03/05/05-80022-011 61.25

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert A. McHenry* **ROBERT A. MCHENRY** 3-2-05 863-386-4503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #