2006 NOT-FOR-PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N95000003520 04-24-2006 90394 042 ****61.25 THE PRESERVE OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address dhhatzon 5614 ANGELO CIRCLE PO BOX 7121 SEBRING, FL 33872 SEBRING, FL 33872-0103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0599773 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Crum - Norris</u> MCHENRY, ROBERT O. Box Number is Not Acceptable) 5309 MENDAVIA DR. 46. SEBRING, FL 33872 Seban 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. WOOK SIGNATURE (NOTE: Registered Agent signature regured when reinstating) 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. · · · OFFICERS AND DIRECTORS 11. DP TIFLE **X** Delete TITLE ☐ Change # Addition usan Crum Norris MCHENRY, ROBERT NAME MASAF 4646 NADENA DE 5039 MENDAVIA DRIVE STREET ADDRESS STREET ADDRESS BRING SEBRING, FL 33872 CITY-ST-ZIP CUTY-ST-ZIP 33872 VΡ TITLE Delete TITLE DE CENTRAL Change **€** Addition REECE, ROBERT NAME DAULD M. Droudt NAME 5037 MENDAVIA DRIVE STREET ADDRESS STREET ADDRESS 5544 ANGELO CITCLE CATY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP 33872 SERRING FL TD Delete ☐ Change Addition TITLE TITLE ANDRUS, PAUL CAROLS DUTTON 4634 NADENA DE NAME NAME STREET ADDRESS **5740 ANGELO CIRCLE** STREET ADDRESS SEBRING 33872 SEBRING, FL 33872 CETY-ST-7IP COY-ST-70P Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP

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:	SIGNATURE AND TYPED OR PRINTED MAKE OF BIGHING OFFICER OR DIRECT	TOR 7/00/000	Daytime Phone #
01011471177	Summer & Comme Marie	61/20/2004	