2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N95000003520

Entity Name: THE PRESERVE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5544 ANGELO CIRCLE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

PO BOX 7121
SEBRING, FL 338720103

New Mailing Address:

PO BOX 7121
SEBRING, FL 338700103

FEI Number: 65-0599773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DROUDT, DAVID M
5544 ANGELO CIRCLE
SEBRING, FL 33872 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: P ( ) Delete
Name: DROUDT, DAVID M
Address: 5544 ANGELO CIRCLE
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete
Name: HUNNICUTT, THOMAS
Address: 5315 ANGELO CIRCLE
City-St-Zip: SEBRING, FL 33872

Title: ST ( ) Delete
Name: STEGALL, WILLIAM D
Address: 4620 BONOIE DR
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: KRICK, LOWRANGE
Address: 4441 MERDOVIA DR
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: REIMER, KARL
Address: 4934 MENDAVIA DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BLEGGI, ALDO
Address: 5736 ANGELO CIRCLE
City-St-Zip: SEBRING, FL 33872

Title: ST (X) Change ( ) Addition
Name: STEGALL, WILLIAM D
Address: 4620 BONNIE DR
City-St-Zip: SEBRING, FL 33872

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

Title: D (X) Change ( ) Addition
Name: REIMER, KARL
Address: 4934 MENDAVIA /DR
City-St-Zip: SEBRING, FL 33872

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: WILLIAM D STEGALL ST 04/28/2009

Electronic Signature of Signing Officer or Director — Date