

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90020 002 \*\*\*\*61.25

**DOCUMENT # N95000003734**

1. Entity Name

**THE PRESERVE AT LAKE THOMAS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

POB 273708  
TAMPA FL 33688

Mailing Address

POB 273708  
TAMPA FL 33688

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3367606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE TROWBRIDGE COMPANY, INC.  
3421 VALLEY RANCH DR  
LUTZ FL 33548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SABA, DARIUS	
STREET ADDRESS	21115 RSRVATION DR	
CITY-ST-ZIP	LAND O' LAKES FL 34638	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	WILKINS, DAVID	
STREET ADDRESS	21336 MARSH HAWK DR	
CITY-ST-ZIP	LAND O' LAKES FL 34638	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	NORMANDIA, ALEXIS	
STREET ADDRESS	5708 GOLDEN OWL LP	
CITY-ST-ZIP	LAND O' LAKES FL 34638	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPRAGUE, WILLIAM	
STREET ADDRESS	21211 MARSH HAWK DR	
CITY-ST-ZIP	LAND O' LAKES FL 34638	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, SUSAN	
STREET ADDRESS	21251 MARSH HAWK DR	
CITY-ST-ZIP	LAND O' LAKES FL 34638	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDSTEDTER, CRISTY	
STREET ADDRESS	21403 PRESERVATION DR.	
CITY-ST-ZIP	LAND O' LAKES, FL 34638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBELEIN, CARL	
STREET ADDRESS	5630 WHITE IBIS LN	
CITY-ST-ZIP	LAND O' LAKES, FL 34638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOVER IV, WILLIAM	
STREET ADDRESS	21146 PRESERVATION DR.	
CITY-ST-ZIP	LAND O' LAKES, FL 34638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: