NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700004655

COMMUNITY PRESERVATION ALLIANCE, INC.

Principal Place of Business
1463 TROON CIR
PALM CITY FL 34990 - 4718

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1463 TROON CIR

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

PALM CITY FL 34990 - 4428

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90052 030 ****70.00

173443 - 90052 - 30



Applied For

\$8.75 Additional

Not Applicable

3. Date incorporated or Qualifed

08/08/1997

31-1557725

4. FEI Number

23		28			or comments or craited beginse	Fee Rec	uired
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added to	Fees
1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
		···	81	Name			
ENRIGHT, RICHARD E 1463 TROON CIR				82 Street Address (P.O. Box Number is Not Acceptable)			
I ADM ON	11201000		84	City		. 85 Zip C	ode
				"	F	L _	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	it Florida. Such change was	authorized by	the corporau	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i pointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Age	nt signature require	d when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE		MOEHN, JAMES	Change	Addition
NAME	MCCOY, DORIS L PH.D		1.2 NAME		12716 198 TH AVENUE EAST		
STREET ADDRESS	5758 BEAUMONT AVE		1.3 STREE	T ADDDECC	SUMNER, WA 98390		i
CITY-ST-ZIP	LA JOLLA CA 92037		1.4 CITY-5	ST-ZIP	VP		
TITLE	D	DELETE	2.1 TITLE		MILLER, KIMBERLY A.	☐ Change	Addition
NAME	ENRIGHT, RICHARD E		2.2 NAME	I .	4162 NORTH JODHPUR COUR	т	1
STREET ADDRESS	2326 NEWCASTLE AVE		2.3 STREE	T ANDRESS I	***=	, 1	ļ
CITY-ST-ZIP	CARDIFF CA 92007		2. 4 CITY-	ST-ZIP	OLVIEDO, FL 32765		
TITLE	DS	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	ENRIGHT, RICHARD E JR.		3.2 NAME				}
STREET ADDRESS	1463 SW TROON CIR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990		3.4. CITY-	ST-ZIP			·
TITLE	P	DELETE	4.1 TITLE			Change	☐ Addition
NAME	MCCOY, DORIS		4. 2 NAME	:			
STREET ADDRESS	1463 TROON CIR		4.3 STREE	T ADDRESS	•		1
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-	ST-ZIP			
TITLE	T	Z DELETE	5.1 TITLE		·	Change	Addition
NAME	JOHNSON, GORDON		5.2 NAME	i			
STREET ADDRESS	1463 TROON CIR			ET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990		5.4 CITY-	ST-ZIP			
TITLE		. DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				.
STREET ADDRESS			6.3 STREE	ET ADDRESS		. 1	ļ
CITY-ST-ZIP			6.4 CITY-			-7	
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify t	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the ir	normation

Indicated on this annual report or supplied with this liming does not qualify for the exemption stated in Section 178.07(5)(f), included statutes, indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

2/8/91 5-61-283-2489 Dayline Phone #