


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90019 019 ****61.25

DOCUMENT # N98000005081
 1. Entity Name
PRESERVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**9031 TOWN CENTER PARKWAY
 BRADENTON, FL 34202**


Mailing Address
**9031 TOWN CENTER PARKWAY
 BRADENTON, FL 34202**

40063006

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03262008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0915356

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WILSON, DOUGLAS E
 C/O ADVANCED MANAGEMENT OF SW FLORIDA
 9031 TOWN CENTER PARKWAY
 BRADENTON, FL**

7. Name and Address of New Registered Agent
 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

Filing Fee is \$61.25 Due by May 1, 2008

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, CINDY			NAME			
STREET ADDRESS	22712 NIGHT HERON WAY			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOLLAR, ROBERT			NAME			
STREET ADDRESS	22559 MORNING GLORY CIR			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADAMS, LYNN			NAME	WILSON, DOUGLAS E.		
STREET ADDRESS	22276 PANTHER LOOP			STREET ADDRESS	9031 TOWN CENTER PKWY		
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP	BRADENTON, FL 34202		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEILON, LES			NAME			
STREET ADDRESS	21716 DEER POINTE CROSSING			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILFORD, ANDREW			NAME			
STREET ADDRESS	22011 DEER POINTE CROSSING			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, LYNN			NAME			
STREET ADDRESS	22276 PANTHER LOOP			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202			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:  **4/2/08** **941-359-1134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #