2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# N99000002683

Entity Name: THE PRESERVE OF DON PEDRO OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3113 TOFA CT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PO BOX 950666
LAKE MARY, FL 32795

New Mailing Address:

PO BOX 3692
PLACIDA, FL 33946 36

FEI Number: 65-0916674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE, JAMES W
3113 TOFA COURT
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: WADE, JAMES W
Address: 3113 TOFA COURT
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete
Name: SIEBOLD, KATHLEEN
Address: 4859 CHARDONNAY DRIVE
City-St-Zip: CORAL SPRINGS, FL 330674125

Title: SD ( ) Delete
Name: COE, ALEXANDRA
Address: 5575 WILDE OAKE WAY
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: SIEBOLD, KATHLEEN
Address: 4859 CHARDONNAY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD (X) Change ( ) Addition
Name: GEIGER, GEORGE
Address: PO BOX 3818
City-St-Zip: PLACIDA, FL 339463818

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN M SIEBOLD TD 02/03/2004

Electronic Signature of Signing Officer or Director — Date