2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

01-25-2005 90046 006 ****70.00 DOCUMENT # N99000005313 THE PRESERVE, INC. Principal Place of Business Mailing Address 40006282 1012 NW 42ND DR P.O. BOX 357116 GAINESVILLE, FL 32605 GAINESVILLE, FL 32635 3. Mailing Address 2. Principal Place of Business 3687 NW 16th Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-NP CR2E037 (10/03) Applied For City & State Gainesville, FL City & State 4. FEI Number 59-3658304 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32605 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, NORMA Street Address (P.O. Box Number is Not Acceptable) 1012 N.W. 42ND DRIVE GAINESVILLE, FL 32605 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE EARLY, MAXINE NAME NAME Tom Mason STREET ADDRESS P.O. BOX 5433 STREET ADDRESS 3000 NW 83rd St CITY-ST-ZIP GAINESVILLE, FL 32627 CITY-ST-ZIP Gainesville, FL 32606 ☐ Delete TITLE ☐ Change Addition Allison Thompson MONAHAN, GAIL NAME NAME 703 N.E. 1ST STREET STREET ADDRESS STREET ADDRESS 901 NW 8th Ave. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32601 Gainesville, FL TITLE ☐ Change **Addition** TITLE ☐ Delete Nkwanda Jah MCARTHUR, SHELTON NAME 2936 N.E. 19TH DRIVE, #C STREET ADDRESS STREET ADDRESS 1112 NE 2nd Ste CITY-ST-ZIP GAINESVILLE, FL 32602 CITY-ST-ZIP Gainesville, FL 32601 Addition TITLE D ☐ Delete ☐ Change D Alison Gerencser JONES, TONY NAME NAME 1929 NW 10th Ave STREET ADDRESS 721 N.W. 6TH STREET STREET ADDRESS GAINESVILLE, FL 32601 CITY-ST-7IP CITY-ST-ZIP Gainesville, FL 32605 TITLE ☐ Change **□** #ddition TITLE Delete Beatrice Watkins MORASKI, JAYNE NAME NAME 533 NW 50th Blvd STREET ADDRESS 2537 N.W. 28TH PLACE STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP Gainesville, FL 32607 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITI F NAME CAMPBELL, GUSSIE Robin Coen 3531 N.W. 41ST TERR. STREET ADDRESS STREET ADDRESS 201 E. University Ave. 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED Jan 25, 2005 8:00 am

Secretary of State