

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006794

FILED
Apr 28, 2007
Secretary of State

Entity Name: PRESERVATION NORTH FLORIDA INC.

Current Principal Place of Business:

2029 N. 3RD STREET
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

2029 N. 3RD STREET
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3614354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLEBROOK, MARK
21 SAILFISH DRIVE
PONTE VEDRA BEACH, FL 32082 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: D () Delete
Name: BEAUBOUF, JUDY
Address: 1209 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: BRADLEY, ANNA
Address: 117 WEST DUVAL STREET, STE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: HAINLINE, T R
Address: 1301 RIVERPLACE BLVD, STE 1500
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: LIENBY, LYNN
Address: 1804 WARDS LANDING CRT
City-St-Zip: ORANGE PARK, FL 32003

Title: S () Delete
Name: PAUL, PAMELA Y
Address: P.O. BOX 1188
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ET () Delete
Name: SHUMAN, SHARI
Address: 4567 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LYNN LIENBY

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date