

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000004091

1. Entity Name
THE PRESERVE AT LAKE THOMAS, INC.



Principal Place of Business

**2514 LAND O' LAKES BLVD.
LAND O' LAKES, FL 34639 US**

Mailing Address

**P.O. BOX 1227
LAND O LAKES, FL 34639-1227 US**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3289918

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TROCKE, MICHAEL T
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000544032
05/11/06-80019-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PINSON, ROBERT H
STREET ADDRESS	212305 AARON COURT
CITY-STATE-ZIP	LUTZ, FL 33549
TITLE	VP
NAME	ROSENBLATT, FRANK
STREET ADDRESS	654 RIVIERA DRIVE
CITY-STATE-ZIP	TAMPA, FL 33608
TITLE	ST
NAME	PINSON, ROBERT C
STREET ADDRESS	21203 PRE SENSATION DRIVE
CITY-STATE-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #