

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 049 ***150.00

DOCUMENT # P98000000603

1. Entity Name
PRESERVE HOMESITES SOUTH, INC.



Principal Place of Business
**24860 BURNT PINE DR
BONITA SPRINGS, FL 34134**

Mailing Address
**24860 BURNT PINE DR
BONITA SPRINGS, FL 34134**

2. Principal Place of Business

**5405 TAYLOR RD
SUITE 4**

3. Mailing Address

**5405 TAYLOR RD
SUITE 4**

City & State
NAPLES, FL

Zip
34109 Country
USA

City & State
NAPLES, FL

Zip
34109 Country
USA

04162004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0806488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B
8889 PELICAN BAY BLVD. STE. 300
NAPLES, FL 34108**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRASCO, JOHN W**
STREET ADDRESS **24860 BURNT PINE DR**
CITY - ST - ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** ☐ Delete
NAME **DAVIS, PAULA**
STREET ADDRESS **24860 BURNT PINE DR**
CITY - ST - ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 #

4/26/04 239 5935470