## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002683

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

INC.

**Current Principal Place of Business:** 

THE PRESERVE OF DON PEDRO 8601 PLACIDA ROAD BOX 584 PLACIDA, FL 33946

**Current Mailing Address:** 

THE PRESERVE OF DON PEDRO P. O. BOX 584 PLACIDA, FL 33946 US

FEI Number: 65-0916674 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORDON, JAMES TREASURER THE PRESERVE OF DON PEDRO P. O. BOX 584

PLACIDA, FL 33946 US

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: JAMES GORDON 03/09/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR Name ENGLERT, KERRY Name KLAUS, CHERYL

Address THE PRESERVE OF DON PEDRO Address THE PRESERVE OF DON PEDRO

8601 PLACIDA ROAD BOX 584 8601 PLACIDA ROAD BOX 584

PLACIDA FL 33946 PLACIDA FL 33946 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

SMERECYZNSKI, BLAKE SHENK, WILLIAM Name Name

THE PRESERVE OF DON PEDRO THE PRESERVE OF DON PEDRO Address Address

8601 PLACIDA ROAD BOX 584 8601 PLACIDA ROAD BOX 584

City-State-Zip:

PLACIDA FL 33946

Title **TREASURER** Name GORDON, JAMES

City-State-Zip:

THE PRESERVE OF DON PEDRO Address

PLACIDA FL 33946

8601 PLACIDA ROAD BOX 584

City-State-Zip: PLACIDA FL 33946

I hereby 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 all other like empowered.

SIGNATURE: JAMES GORDON JR TREASURER 03/09/2024 Date

**FILED** Mar 09, 2024

Secretary of State

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