

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753385

FILED
Jul 04, 2005
Secretary of State

Entity Name: THE COVE AT LAKE MIRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1804
GOLDENROD, FL 32733

New Principal Place of Business:

Current Mailing Address:

P O BOX 1804
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-2105976 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRELL, TERESA G
8548 SIDON ST.
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

WOODS, INGA
3959 LAKE MIRA DRIVE
ORLANDO, FL 32817 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: INGA WOODS

07/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HARRELL, TERESA G
Address: 8548 SIDON ST.
City-St-Zip: ORLANDO, FL 32817

Title: DVP () Delete
Name: SMITH, KEVIN
Address: 8536 SIDON ST.
City-St-Zip: ORLANDO, FL 32817

Title: T () Delete
Name: HARRELL, CHRISTOPHER
Address: 8548 SIDON ST.
City-St-Zip: ORLANDO, FL 32817

Title: S () Delete
Name: FORKENBROCK, KATHY
Address: 4125 LAKE MIRA DR
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: BRACKIN, CHRISTINE
Address: 8525 SIDON ST.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: CARDEN, BOB
Address: 8566 SIDON ST.
City-St-Zip: ORLANDO, FL 32817

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: INGA WOODS

TRES

07/04/2005

Electronic Signature of Signing Officer or Director

Date