2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 13, 2006 8:00 am Secretary of State

| 1. Entity Name OCEAN COVE HOME OWNERS' ASSOCIATION, INC. | | | | | | | | 0 | 1-13-2006 9 | 90046 025 | 5 ****61.23 | 5 |
|--|-------------------------------------|---------------------------------------|---|---------------------|-------------------------------------|-------------|----------------|---|--------------------------|-----------------|------------------------------|---------------------------|
| 150 OCEAN COVE DR 150 | | | ng Address I OCEAN COVE DRIVE ITER, FL 33477 US | | | | 40002176 | | | | | |
| 2. Principal Place of Business 3. Ma | | | siling Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | | 01052006 | Chg-NP | CR2E0 | 37 (11/05) | |
| City & State | | | C | City & State | | | | 4. FEI Number 59-23448 | 334 | | <u> </u> | plied For t Applicable |
| Zip | Country | | | | | intry | 5. Certificate | | Status Desired | | \$8.75 Add Fee Required | |
| 6. Name and Address of Current Register | | | | nd Agent Name | | | | 7. Name and Address of New Registered Agent | | | | |
| ROACH, D 150 OCEA JUPITER, | | | | | (P.O. Box Number is Not Acceptable) | | | | | | | |
| • | | | | | City | | | | FL | Zip Code | 9 | |
| 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 renstating) DATE | | | | | | | | | | | | |
| Filing Fee is \$61.25 9. Election Camp Due by May 1, 2006 Trust Fund Cor | | | | | | - | | \$5.00 May Be Added to Fees | FI | | k payable to rtment of St | |
| 10. | r | OFFICERS AND | DIRECTORS | | 11. | | | ADDITIONS/CHAP | IGES TO OFFI | CERS AND D | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PD ROACH, 117 OCE, JUPITER | AN COVE DR | | ☐ Delete | | - ' | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 107 OCE | A, KAREN AN COVE DRIVE FL 33477 | | Defete | - 4 | | HC 106 | GEHEE, OCEAN, DITGS | HARRY COVE R FL 33 | (SR. 477 | Change Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | * | R, JOHN AN COVE DRIVE FL 33477 | | ☐ Delete | | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | Change | ☐ Addition |
| 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 617, 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. | | | | | | | | | | | | |

HARRY MCGEHGE

SIGNATURE: