

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90024 048 ****61.25

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1. Entity Name

SOUTH COVE AT SUMMERFIELD HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business

3810 NORTDALE BOULEVARD
SUITE 100
TAMPA FL 33624

Mailing Address

2880 SCHERER DRIVE
SUITE 840
ST. PETERSBURG FL 33716



2. Principal Place of Business

2870 SCHERER DR. N

Suite, Apt. #, etc.

Suite 100

City & State

ST. PETERSBURG, FL

Zip
33716

Country

3. Mailing Address

2870 SCHERER DR. N

Suite, Apt. #, etc.

Suite 100

City & State

ST. PETERSBURG, FL

Zip
33716

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-0982442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIHELICH, BRIAN M
3810 NORTDALE BOULEVARD
SUITE 100
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Ronald E Cotterill Esquire

Street Address (P.O. Box Number is Not Acceptable)

1010 N. Florida

City

Tampa

FL

Zip Code

33602

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

4-10-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME MIHELICH, BRIAN M
STREET ADDRESS 3810 NORTDALE BOULEVARD, SUITE 100
CITY-ST-ZIP TAMPA FL 33624

TITLE VP ☒ Delete
NAME COLON, SHEILA
STREET ADDRESS 3810 NORTDALE BOULEVARD, SUITE 100
CITY-ST-ZIP TAMPA FL 33624

TITLE S,T ☒ Delete
NAME STERN, IMANDA
STREET ADDRESS 3810 NORTDALE BOULEVARD, SUITE 100
CITY-ST-ZIP TAMPA FL 33624

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 10

TITLE P ☐ Change ☒ Addition
NAME HOWARD WOODEN
STREET ADDRESS 11568 MISTY ISLE LN
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE VP ☐ Change ☒ Addition
NAME ERIC DICKEY
STREET ADDRESS 11544 MISTY ISLE LN
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE S ☐ Change ☒ Addition
NAME MICHELE NEALLY
STREET ADDRESS 13220 EVENING SUNSET LN
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE T ☐ Change ☒ Addition
NAME MICHAEL CALDWEL
STREET ADDRESS 13231 EVENING SUNSET LN
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE DIRECTOR ☐ Change ☒ Addition
NAME DAVID JASPER
STREET ADDRESS 11443 MISTY ISLE LN
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE DIRECTOR ☐ Change ☒ Addition
NAME TOM ENGLISH
STREET ADDRESS 11616 TROPICAL ISLE LN
CITY-ST-ZIP RIVERVIEW, FL 33569

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Brian M. Michelich

4/26/06