

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90236 027 ****61.25

DOCUMENT # N05000001996

1. Entity Name
SAN MESSINA COVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**2840 2052 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**

Mailing Address
**2840 2052 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232006 Chg-NP CR2E037 (11/05)

4. FEI Number

20-2480915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILLESPIE, R. BOWEN III
1515 S. FEDERAL HWY., SUITE 306
BOCA RATON, FL 33432**

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

**Filing 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 PD ☐ Delete
NAME WILLS, DEBORAH
STREET ADDRESS **2052 UNIVERSITY DR.**
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VD ☐ Delete
NAME PAIGO, RANDY
STREET ADDRESS **2052 UNIVERSITY DR.**
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE STD ☐ Delete
NAME GUILLOTTE, JOSEPH
STREET ADDRESS **2052 UNIVERSITY DR.**
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **2840**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2840**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2840**
CITY-ST-ZIP

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CITY-ST-ZIP

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 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.

SIGNATURE: Deborah Wills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH WILLS

2/23/06

Date

954-755-1775

Daytime Phone #