FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90023 040 ***150.00

•	ANNUAL REPORT	IUN

1: Entity Name SAN MESSINA COVE COMMUNITY	' ASSOCIATION, INC					
Principal Place of Business	Mailing Address	WE WE	40047235		•	
1515 SOUTH FEDERAL HIGHWAY #300 BOCA RATON, FL 33432	1515 SOUTH FEDEI BOCA RATON, FL 3		0	EDIIL DDIH DDIII DDIDI KOID KOID SONG ON		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072008 Chg-NP	CR2E037 (12/06)		
City & State	City & State		4. FEI Number 20-2480915	 	plied For t Applicable	
Zip Country	Zip	Country	5. Certificate of Status Des	sired S8.75 Add Fee Require		
6. Name and Address of Current	t Registered Agent	Name -	7. Name and Address of	New Registered Agent		
GILLESPIE, R. BOWEN III 1515 S. FEDERAL HWY., SUITE 306 BOCA RATON, FL 33432			Street Address (P.O. Box Number is Not Acceptable)			
500ATATON, TE 35452		City		FL Zip Code	e	
8. The above named entity submits this statement f	or the purpose of changing its	registered office or regis	stered agent, or both, in the State		and accept	
the obligations of registered agent.	JAIS			2/14/03	-	
SIGNATURE	t and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of St		
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN		
ITILE PD NAME WILLS, DEBORAH STREET ADDRESS 2840 UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS, FL 33065	Delete	NAME K	MAIER, HANS-PETER (LENZESTRASSE 99 (UNICH, GERMANY, GR 6	□ (Change 30469	Addition	
ITILE VD PAIGO, RANDY STREET ADDRESS 2840 UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS, FL 33065	Deteie	TITLE V NAME J STREET ADDRESS K	/PD AIS, WOLFGANG ILENZESTRASSE 99 MUNICH GERMANY, GR 8	Change	☐ Addition	
TITLE STD NAME GUILLOTTE, JOSEPH 2840 UNIVERSITY DR CITY-S1-2IP - CORAL SPRINGS, FL 33065	Delete	NAME G	P BILLESPIE, R. BOWEN 515 S FEDERAL HWY #30 OCA'RATON, FL''	Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
ITTLE TAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS : CITY-ST-ZIP		☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Additio	
12. I hereby certify that the information supplied will indicated on this report or supplemental leport of the corporation or the receiver or trustee amy changed, or on an attachment with an applies. SIGNATURE:	th this filing does not qualify for is true and accurate and that in powered to execute this report with all other like empowered.	r the exemptions contain my signature shall have that as required by Chapter	ned in Chapter 119, Florida Stat he same legal effect as if made 617, Florida Statutes; and that n	tutes. I further certify that the ir under oath; that I am an officer ny name appears in Block 10 or 5 6 1 (30	nformation or director r Block 11 if	