

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005526

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** BROWARD COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

505 PL CIR STE 206  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

330 CROSSING BLVD.  
SUITE 200  
ORANGE PARK, FL 32073

**Current Mailing Address:**

C/O COMPLETE ASSOC. MGMT  
POB 65908  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 20-4547421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ENSELL, KURT A  
%COMPLETE ASSOCIATION MANAGEMENT, INC.  
2455 CAMPHORWOOD CT.  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SPIEGEL, JOHN  
Address: 505 PLAZA CIRCLE, STE. 206  
City-St-Zip: ORANGE PARK, FL 32073

Title: V ( ) Delete  
Name: MORGANTI, ROBERT  
Address: 505 PLAZA CIRCLE, STE. 206  
City-St-Zip: ORANGE PARK, FL 32073

Title: ST ( ) Delete  
Name: NORRIS, REGINA  
Address: 505 PL CIR STE 206  
City-St-Zip: ORANGE PARK, FL 32065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SPIEGEL, JOHN  
Address: 330 CROSSING BLVD. SUITE 200  
City-St-Zip: ORANGE PARK, FL 32073

Title: V (X) Change ( ) Addition  
Name: MORGANTI, ROBERT  
Address: 330 CROSSING BLVD. SUITE 200  
City-St-Zip: ORANGE PARK, FL 32073

Title: ST (X) Change ( ) Addition  
Name: LIMA, CINDY  
Address: 330 CROSSING BLVD. SUITE 200  
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CINDY LIMA

ST

01/17/2007

Electronic Signature of Signing Officer or Director

Date