


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90038 047 ****61.25

DOCUMENT # N05000012301

1. Entity Name
HART LAKE COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**295 1ST STREET S
 WINTER HAVEN, FL 33880**

Mailing Address
**295 1ST STREET S
 WINTER HAVEN, FL 33880**

2. Principle Place of Business:
**2045 San Marcos Drive
 City & State:
 Winter Haven, FL
 Zip 33880 Country USA**

3. Mailing Address
**2045 San Marcos Drive
 City & State:
 Winter Haven, FL
 Zip 33880**

40094504



03092006 Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MURPHY, JOHN
 135 NO 6TH STREET SUITE A
 HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent
**Richard A Tenaglia
 c.o. Creative Association Serv., Inc.
 2045 San Marcos Drive
 Winter Haven, FL 33880**

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 Richard A. Tenaglia
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANCE, VICKIE 135 NO 6TH STREET SUITE A HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vickie Murphy 135 N. 6th st. STE A Haines City FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMSEY, GRANVILLE 135 NO 6TH STREET SUITE A HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MURPHY, JOHN 135 NO 6TH STREET SUITE A HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Vickie Murphy 05.21.06 863.422.9777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #