FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08201 (8)

1. Corporation Name

TYLER'S COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
554 THAMES CIRCLE P.O. BOX 948 LONGWOOD FL 32750-2739	554 THAMES CIRCLE P.O. BOX 948 LONGWOOD FL 32750-2739

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2684924 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GALLAGHER, JAN
559 THAMES CIRCLE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, JANICE	12 NAME		
STREET ADDRESS	559 THAMES CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	WHELAN, R. P.	22 NAME		
STREET ADDRESS	558 THAMES CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	KIRKWOOD, SUSAN	32 NAME		
STREET ADDRESS	547 THAMES CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP		
TITLE	~~SD~~	41 TITLE	SD	☑ Change ☐ Addition
NAME	~~DUNMYER, EVELYN~~	42 NAME	FELICIA FLOCKS	
STREET ADDRESS	~~560 THAMES CIRCLE~~	43 STREET ADDRESS	528 THAMES CIRCLE	
CITY-ST-ZIP	~~LONGWOOD FL~~	44 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		51 TITLE	MD	☐ Change ☑ Addition
NAME		52 NAME	FRED BRUMER	
STREET ADDRESS		53 STREET ADDRESS	536 THAMES CIRCLE	
CITY-ST-ZIP		54 CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice L. Gallagher 4/26/95 (407) 339-7219
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

000184