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FILED
Aug 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 03/15/1985

4. FEI Number: 59-2684924 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREDERICK BREMER 536 THAMES CIRCLE LONGWOOD FL 32750	81 Name: Mike McKeogh 82 Street Address (P.O. Box Number is Not Acceptable): 540 Thames Circle 83 84 City: Longwood FL 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	CRAIG VAN HOOVEN		1.2 NAME	MARK DRURY	
STREET ADDRESS	546 THAMES CIRCLE		1.3 STREET ADDRESS	535 Thames Circle	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood FL 32750	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	DRURY, MARY		2.2 NAME	Robert Heilman	
STREET ADDRESS	535 THAMES CIRCLE		2.3 STREET ADDRESS	556 Thames Circle	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	Longwood FL 32750	
TITLE	MD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	BREMER, FRED		3.2 NAME	Mike McKeogh	
STREET ADDRESS	536 THAMES CIRCLE		3.3 STREET ADDRESS	540 Thames Circle	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	Longwood FL 32750	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: _____ Mike McKeogh 4-27-98 407-862-2228