

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2: 21

DOCUMENT # **N20340 (8)**

1. Corporation Name

FINN'S COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O EPMS
165 W STATE RD 434
WINTER SPRINGS FL 32708
US

C/O EPMS
P.O. BOX 950455
LAKE MARY FL 32795-0455
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1987** 3a. Date of Last Report **02/03/1994**

4. FEI Number **59-2912229** 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**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WEAGE, DEBORAH~~ Delete
165 W. SR 434
WINTER SPRINGS FL 32708

81 Name **Energy Property Management Services**
82 Street Address (P.O. Box Number is Not Acceptable) **165 West SR 434**
83
84 City **Winter Springs** FL 85 Zip Code **32708**

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 *Anne H. Russell* **Anne H. Russell, Pres. Energy Property Mgmt. 3/20/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD**
NAME **FLYNN, JAMES**
STREET ADDRESS **736 RIVER BOAT CIR**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **Treas/Dir** Change Addition
1.2 NAME **Gonzalez, Manny**
1.3 STREET ADDRESS **837 River Boat Circle**
1.4 CITY-ST-ZIP **Orlando, FL 32828**

TITLE **PD**
NAME **ROMANO, LEONARD**
STREET ADDRESS **821 RIVER BOAT CR.**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **Dir.** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD**
NAME **ELBRECHT, ANNA**
STREET ADDRESS **748 RIVER BOAT CIR.**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **Secy/Dir** Change Addition
3.2 NAME **Bynum, Robert**
3.3 STREET ADDRESS **893 River Boat Circle**
3.4 CITY-ST-ZIP **Orlando, FL 32828**

TITLE **D**
NAME **JAKOBSON, FRED**
STREET ADDRESS **889 RIVER BOAT CR.**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE **Pres./Dir** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD**
NAME **CATRO, GILBERT**
STREET ADDRESS **768 RIVER BOAT CIR.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **V-Pres/Dir.** Change Addition
5.2 NAME **Bennett-Babich, Michelle**
5.3 STREET ADDRESS **807 River Boat Circle**
5.4 CITY-ST-ZIP **Orlando, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 my address.

SIGNATURE: *Michelle Bennett-Babich* **3/15/95** **407-849-9116**
Signature and typed or printed name of signing officer or director Date Telephone #