

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified **04/27/1987** 3a. Date of Last Report **03/24/1995**

|                                |                     |  |   |
|--------------------------------|---------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number  | Applied For   |
| 21                             | 26                  | <b>59-2012220</b>                                      | <input type="checkbox"/>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| City & State                   | City & State        | 28   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 23                             | 29                  | 30   |   |
| Zip                            | Country             | Zip  | Country   |
| 24                             | 25                  | 29   | 30  |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ENERGY PROPERTY MGMT SVCS  
165 W. SR 434  
WINTER SPRINGS FL 32708**

|         |   |    |         |             |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
|         |   |    |         | <b>FL</b>   |

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 *Anne H. Russell* **Anne H. Russell**, Pres, Energy Prop. mgmt SVCS **2/23/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GONZALEZ, MANNY</b>                               | 1.2 NAME  |  |
| STREET ADDRESS             | <b>837 RIVER BOAT CIR</b>                            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>ROMANO, LEONARD</b>                               | 2.2 NAME  | <b>Nichols, Pat</b>  |
| STREET ADDRESS             | <b>821 RIVER BOAT CR.</b>                            | 2.3 STREET ADDRESS                                    | <b>764 River Boat Circle</b>   |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                    | 2.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32828</b>   |
| TITLE                      | <b>SD</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BYNUM, ROBERT</b>                                 | 3.2 NAME  | <b>Parzych, Maideen</b>  |
| STREET ADDRESS             | <b>893 RIVER BOAT CIR</b>                            | 3.3 STREET ADDRESS                                    | <b>756 River Boat Circle</b>   |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                    | 3.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32828</b>   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>JAKOBSON, FRED</b>                                | 4.2 NAME  |  |
| STREET ADDRESS             | <b>889 RIVER BOAT CR.</b>                            | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                    | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BENNETT-BABICH, MICHELLE</b>                      | 5.2 NAME  | <b>Bennett, Michelle</b>   |
| STREET ADDRESS             | <b>807 RIVER BOAT CIR</b>                            | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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 119.07(3)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-18-96** Daytime Phone # **382-6853**

CR2E037 (12/95)