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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: C/O EPMS, 165 W STATE RD 434, WINTER SPRINGS FL 32708, US  
Mailing Address: C/O EPMS, P.O. BOX 950455, LAKE MARY FL 32785-0455, US

3. Date Incorporated or Qualified: 04/27/1987  
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business (21-23): Suite, Apt. #, etc.; City & State; Zip; Country  
2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip; Country

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
ENERGY PROPERTY MGMT SVCS  
165 W. SR 434  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: Ame H. Russell, Pres, EPMS DATE: 2/24/97

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MANNY	
STREET ADDRESS	837 RIVER BOAT CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, PAT	
STREET ADDRESS	764 RIVER BOAR CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARZYCH, MAIDEEN	
STREET ADDRESS	758 RIVER BOAT CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JAKOBSON, FRED	
STREET ADDRESS	889 RIVER BOAT CR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, MICHELLE	
STREET ADDRESS	807 RIVER BOAT CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Elynn, Jim	
4.3 STREET ADDRESS	736 River Boat Circle	
4.4 CITY-ST-ZIP	Orlando, FL 32828	
5.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Abbott, David	
5.3 STREET ADDRESS	12611 Country Meadow Court	
5.4 CITY-ST-ZIP	Orlando, FL 32828	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: [Signature] DATE: 2/20/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAYTIME PHONE # 327-5824

CR2E037 (9/96)