

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20340

FILED
Apr 16, 2008
Secretary of State

Entity Name: FINN'S COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

498 PALM SPRINGS DR.
235
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

498 PALM SPRINGS DR
SUITE 235
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-2912229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE MANAGEMENT SERVICES
498 PALM SPRINGS DR., #235
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

BOYLE, JAMES W
498 PALM SPRINGS DR., #235
ALTAMONTE SPRINGS, FL 32701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES W BOYLE

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NARDI, FRANK
Address: 882 BROOKMEADOW CT
City-St-Zip: ORLANDO, FL 32828

Title: PD () Delete
Name: TOMKO, MINDY
Address: 12618 COUNTRY MEADOW CT
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: FLYNN, DARYL
Address: 736 RIVER BOAT CR
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: STONE, BARBARA
Address: 732 RIVERBOAT CR
City-St-Zip: ORLANDO, FL 32828

Title: TD () Delete
Name: KRASINSKI, DANIEL
Address: 724 RIVERBOAT CR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MINDY TOMKO

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date