

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20340

**FILED**  
**Apr 28, 2011**  
**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:**

WATERFOD LAKES  
ORLANDO,, FL 32809 US

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MINDY TOMKO

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date