

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

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95 MAY -1 PM 6:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/11/95--01079--004  
\*\*\*130.00 \*\*\*130.00  
DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N32504** (5)  
1. Corporation Name  
**EAGLE COVE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**% MITCHELL PABON**  
3976 EAGLE COVE W DR.  
PALM HARBOR FL 34685  
US

**-% MITCHELL PABON**  
3976 EAGLE COVE W DR.  
PALM HARBOR FL 34685  
US

3. Date Incorporated or Qualified **05/25/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2949570** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **Eagle Cove Comm Assoc** 26 **Eagle Cove Comm Assoc**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
**P.O. Box 4956**

23 City & State 28 City & State  
**Palm Harbor FL.**

24 Zip 25 Country 29 Zip 30 Country  
**34685 US**

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

9. Name and Address of Current Registered Agent

**MORTON KENNETH**  
3976 EAGLE COVE WEST DR.  
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name **Mitchell Pabon**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3976 Eagle Cove W Dr.**

83

84 City **Palm Harbor** FL 85 Zip Code **34685**

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 Mitchell Pabon DATE 4/25/95

Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORTON KENNETH
STREET ADDRESS	3963 EALGE COVE EAST DRIVE
CITY - ST - ZIP	PALM HARBOR FL 34685
TITLE	VD
NAME	BARAN EUGENE
STREET ADDRESS	3996 EAGLE COVE SOUTH DRIVE
CITY - ST - ZIP	PALM HARBOR FL 34685
TITLE	STD
NAME	MITCHELL PABON
STREET ADDRESS	3976 EAGLE COVE WEST DR.
CITY - ST - ZIP	PALM HARBOR FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mitchell Pabon.	
13 STREET ADDRESS	3976 Eagle Cove W Dr.	
14 CITY - ST - ZIP	Palm Harbor, FL 34685	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Robert Millard.	
23 STREET ADDRESS	3948 Eagle Cove W Dr.	
24 CITY - ST - ZIP	Palm Harbor FL 34685	
31 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Lori Molinari	
33 STREET ADDRESS	3994 Eagle Cove E Dr	
34 CITY - ST - ZIP	Palm Harbor FL 34685	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Karen Jaarichen.	
43 STREET ADDRESS	4919 Eagle Cove North Drive	
44 CITY - ST - ZIP	Palm Harbor FL 34685	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), Florida Statutes. I further certify that the information indicated on the 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: Mitchell Pabon - Pres DATE 4/25/95 TELEPHONE 813-785-9422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR