

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 # N32504

1. Corporation Name

EAGLE COVE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**40 STERLING Mgt, INC
1301 Seminole Blvd
SUITE 172
LARGO, Florida 34640**

Mailing Address

**40 STERLING Mgt, INC
1301 Seminole Blvd
SUITE 172
LARGO, Florida 34640**

3. Date Incorporated or Qualified

5/25/89

3a. Date of Last Report

4/95

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2949570

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

10. Name and Address of New Registered Agent

81 Name **Darren Shaw 40 STERLING Mgt, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1301 Seminole Blvd**
83 **SUITE 172**
84 City **LARGO** FL 85 Zip Code **34640**

11. Pursuant to the provisions of Sections 617.02 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 my obligation under, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and floor applicable

Date **2/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P.	<input type="checkbox"/> DELETE
NAME	DAVID LAUB	
STREET ADDRESS	4050 EAGLE COVE EAST DR	
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE	N.P	<input type="checkbox"/> DELETE
NAME	YANNICK GREEN	
STREET ADDRESS	4458 EAGLE COVE SOUTH	
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE	R.	<input type="checkbox"/> DELETE
NAME	RICHARD RINKER	
STREET ADDRESS	4044 JENNY DR	
CITY-ST-ZIP	PALM HARBOR, Florida 34685	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAREN JAENICHEN	
STREET ADDRESS	4419 EAGLE COVE NORTH	
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHUCK STEWART	
STREET ADDRESS	4051 EAGLE COVE EAST	
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
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	

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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 **3/1/96**

Expiration Date **8/3-559-0400**

CR2E037 (12/95)