

**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**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	5/25/89		4/95
4.	FBI Number	Applied For	
	59-2949570	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name <b>Darren Shaw 40 STERLING MGT, INC.</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1301 Seminole Blvd</b>		
				83	<b>SUITE 172</b>		
				84	City	FL	85 Zip Code
					<b>LARGO</b>		<b>34640</b>

11. Pursuant to the provisions of Sections 617.0012 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **DARREN K. SHAW** DATE: **2/20/96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.D.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID LAUB		1.2 NAME		
STREET ADDRESS	4050 EAGLE COVE EAST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	N.P.D.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YANNICK GREEN		2.2 NAME		
STREET ADDRESS	4458 EAGLE COVE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T.D.	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARD RINKER		3.2 NAME		
STREET ADDRESS	4049 JENNY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, Florida 34685		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S.D.	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAREN JAENICHEN		4.2 NAME		
STREET ADDRESS	4419 EAGLE COVE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, Florida 34685		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHUCK STEWART		5.2 NAME		
STREET ADDRESS	4051 EAGLE COVE EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, Florida 34685		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	600001772786	
NAME			6.2 NAME	-04/08/96--01084--021	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/2/96** **780-0096** Daytime Phone #

CR2E037 (12/95)

PM 4-8-96