## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2006 08:00 AM Secretary of State

DOCUMENT # N9400000149  1. Enity Name HUGHES COVE OWNERS ASSOCIATION, INC.					retary or Sta	iic		
1200 S ROGERS CIRCLE C/O T UNIT #11 1198			THE CONTINENTAL GROUP, INC. 181 SW 144 COURT, 201		:			
Principal Place of Business     3.		3. Mailing Address	Mailing Address				(NA) 81 188)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037	(11/05)		
City & State		City & State	City & State		9	<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Addi e Required		
6. Name and Address of Current Registered Agent			N	7. Name and Addr	ess of New Registered Ag	ent		
SKRLD, INC. 201 ALHAMBRA CIRCLE				Name Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1102 CORAL GABLES, FL 33134		-						
	<b>,</b>		City		FL	Zip Code	9	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed meme of registered agent and site if applicable.  (MOTE Registered Agent signature regulated when reinstating)  DATE								
SIGNATURE	Signature, typed or printed name of registered agent	PICAN) eldaplicable (NOTE	Registered Agent signature requi	alred when reinstating)	DATE		<del></del>	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2006	<del></del> ,	npaign Financing	\$5.00 May Be Added to Fees	DATE Make check p Florida Departm			
SIGNATURE	Filling Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DR	9. Election Cam Trust Fund Co	npaign Financing	\$5.00 May Be Added to Fees	Make check p Florida Departm S TO OFFICERS AND DIRE	ctons in	ate	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check p Florida Departm	CTORS IN Change	10 Addition	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE P ESSERMAN, CHARLENE 3301 DEVON CT	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check p Florida Departm S TO OFFICERS AND DIRE U00000412488 <sup>C</sup> 2/10/06-80049 <b>-0</b>	CTORS IN Change	10 Addition	
10. TITLE NAME STITLE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PESSERMAN, CHARLENE 3301 DEVON CT MIAMI, FL 33130 VP PEREZ, MRS. 3319 DEVON CT	9. Election Cam Trust Fund Co RECTORS	npaign Financing ontribution.  11.  IIILE NAME SIRELI ADDRESS CSIY-SI-ZIP  IIILE NAME SIRELI ADDRESS SIRELI ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check p Florida Departm IS TO OFFICERS AND DIRE U00000412488 <sup>C</sup> 2/10/05-80049 <b>-0</b>	CTORS IN Change	10 Addition . 25	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.