2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 20, 2005 08:00 AM Secretary of State DOCUMENT # N9700006345 EMMAS COVE PROPERTYOWNER'S ASSOCIATION. **INCORPORATED** Principal Place of Business Mailing Address C/O JAMES H. LITTLE C/O JAMES H. LITTLE 3040 KERSHAW COURT 3040 KERSHAW COURT MELBOURNE, FL 32934 MELBOURNE, FL 32934 05152005 No Cha-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3468391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LITTLE, JAMES H DO NOT WRITE 3040 KÉRSHAW COURT MELBOURNE, FL 32934 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Significate, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE NAME GRANT, DAVID STREET ADDRESS 3015 KERSHAW CT. CITY-ST-ZIP MELBOURNE, FL. 32934 TITLE U00000367699 05/20/05-80001-004 61.25 NAME PALEMO, JEAN MARE STREET ADDRESS 3065 KERSHAW CT. CITY-ST-ZIP MELBOURNE, FL 32934 TITLE s PALERMO, JEANMARIE STREET ADDRESS 3065 KERSHAW COURT DO NOT WRITE CITY-ST-ZIP MELBOURNE, FL 32934 TITLE IN THIS SPACE NAME PALERMO, JEANMARIE STREET ADDRESS 3065 KERSHAW CT CITY-ST-Z/P MELBOURNE, FL 32934 गागाः NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 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 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> James H. Lette GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/05

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