


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08201 (8) 1. Corporation Name TYLER'S COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 554 THAMES CIRCLE P.O. BOX 948 LONGWOOD FL 32750-2739			Mailing Address 554 THAMES CIRCLE P.O. BOX 948 LONGWOOD FL 32750-2739		
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		3. Date Incorporated or Qualified 03/15/1985 4. FEI Number 59-2684924 Applied For 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent FREDERICK BREMER 536 THAMES CIRCLE LONGWOOD FL 32750			
10. Name and Address of New Registered Agent 81 Name Mike McKeogh 82 Street Address (P.O. Box Number is Not Acceptable) 540 Thames Circle 83 84 City Longwood FL 85 Zip Code 32750		11. Pursuant to the provisions of Sections 617.0502 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 obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	1.1 TITLE	PD	1.2 NAME	
NAME	CRAIG VAN HOOVEN	1.2 NAME	MARK DRURY	1.3 STREET ADDRESS	
STREET ADDRESS	546 THAMES CIRCLE	1.3 STREET ADDRESS	835 Thames Circle	1.4 CITY-ST-ZIP	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Longwood FL 32750	2.1 TITLE	
TITLE	SD	2.1 TITLE	SD	2.2 NAME	
NAME	DRURY, MARY	2.2 NAME	Robert Heilman	2.3 STREET ADDRESS	
STREET ADDRESS	535 THAMES CIRCLE	2.3 STREET ADDRESS	556 Thames Circle	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Longwood FL 32750	3.1 TITLE	
TITLE	MD	3.1 TITLE	TD	3.2 NAME	
NAME	BREMER, FRED	3.2 NAME	Mike McKEOGH	3.3 STREET ADDRESS	
STREET ADDRESS	536 THAMES CIRCLE	3.3 STREET ADDRESS	540 Thames Circle	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Longwood FL 32750	4.1 TITLE	
TITLE		4.1 TITLE		4.2 NAME	
NAME		4.2 NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		5.1 TITLE	
TITLE		5.1 TITLE		5.2 NAME	
NAME		5.2 NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		6.1 TITLE	
TITLE		6.1 TITLE		6.2 NAME	
NAME		6.2 NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.4 CITY-ST-ZIP			



CR2E037 (1097)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Mike McKeogh** 4-27-98 407-532-2228