


FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90008 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08201					
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 <u>546 THAMES CIRCLE</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>P.O. Box 948</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/15/1985	
22 City & State <u>LONGWOOD, FLORIDA</u>		27 City & State <u>LONGWOOD, FLORIDA</u>		4. FEI Number 59-2684924	
23 Zip <u>32750</u>		28 Zip <u>32750</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country <u>U.S.A.</u>		29 Country <u>U.S.A.</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCKEOGH, MIKE 540 THAMES CIRCLE LONGWOOD FL 32750			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 State FL			86 Zip Code		

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999	
TITLE	PD	1.1 TITLE	PD
NAME	DRURY, MARK	1.2 NAME	CRAIG VAN HOOVEN
STREET ADDRESS	535 THAMES CIRCLE	1.3 STREET ADDRESS	546 THAMES CIRCLE
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	SD	2.1 TITLE	TD
NAME	HEILMAN, ROBERT	2.2 NAME	CHRIS MARTIN
STREET ADDRESS	556 THAMES CIRCLE	2.3 STREET ADDRESS	546 THAMES CIRCLE
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	LONGWOOD, FLORIDA 32750
TITLE	TD	3.1 TITLE	
NAME	MCKEOGH, MIKE	3.2 NAME	
STREET ADDRESS	540 THAMES CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

[Signature]
 CRAIG G. VAN HOOVEN

CR2E037 (599)