FILED
Aug 26, 2004 8:00 am
Secretary of State
03-29-2004 90051 018 ****61.25
08-10-2004 90001 034 ****61.25

3/
8/

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66432607

DOCUMENT # N03000006268

1. Entity Name
PHOENICIAN COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11441 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	11441 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025

08062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0133151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPELL, KAREN R C/O SPELL & ASSOCIATES, P.A. 2525 EMBASSY DRIVE #2 COOPER CITY, FL 33026	Name: Karen R. Spell Street Address (P.O. Box Number is Not Acceptable): 2830 S. Alfaya Trail Suite 150 City: Orlando FL Zip Code: 32828

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Karen R Spell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instrument) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUNETTA, CARL 11441 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUNETTA, ARLENE 11441 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LUNETTA, CARMEN 11441 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Lunetta Carl Lunetta President 8/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #