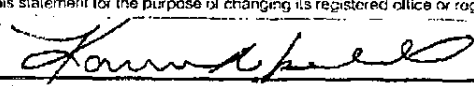
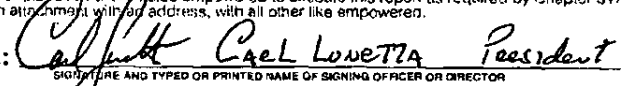


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 26, 2004 8:00 am
Secretary of State

03-29-2004 90051 018 ****61.25
08-10-2004 90001 034 ****61.25

DOCUMENT # N03000006268 1. Entity Name PHOENICIAN COVE HOMEOWNERS ASSOCIATION, INC.																																																																																																																	
Principal Place of Business 11441 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025			Mailing Address 11441 INTERCHANGE CIRCLE SOUTH MIRAMAR, FL 33025																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66432607  08062004 Chg-NP CR2E037 (10/03)																																																																																																													
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 SPELL, KAREN R C/O SPELL & ASSOCIATES, P.A. 2525 EMBASSY DRIVE #2 COOPER CITY, FL 33026			7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when the officer is) 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 <table border="1" style="width:100%; border-collapse: collapse; font-size: 8pt;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>PD LUNETTA, CARL</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11441 INTERCHANGE CIRCLE SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIRAMAR, FL 33025</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD LUNETTA, ARLENE</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td>11441 INTERCHANGE CIRCLE SOUTH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIRAMAR, FL 33025</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD LUNETTA, CARMEN</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td>11441 INTERCHANGE CIRCLE SOUTH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIRAMAR, FL 33025</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse; font-size: 8pt;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	PD LUNETTA, CARL	☐	STREET ADDRESS	11441 INTERCHANGE CIRCLE SOUTH		CITY-ST-ZIP	MIRAMAR, FL 33025		TITLE	VD LUNETTA, ARLENE	☐	NAME	11441 INTERCHANGE CIRCLE SOUTH		STREET ADDRESS	MIRAMAR, FL 33025		CITY-ST-ZIP			TITLE	STD LUNETTA, CARMEN	☐	NAME	11441 INTERCHANGE CIRCLE SOUTH		STREET ADDRESS	MIRAMAR, FL 33025		CITY-ST-ZIP			TITLE		☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ ☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ ☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ ☐	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 officer 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 President 8/3/04																																																																																																																	