

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003369

FILED
Aug 16, 2005
Secretary of State

Entity Name: MINTON COVE HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

6767 N WICKHAM ROAD SUITE 500
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

6767 N WICKHAM ROAD SUITE 500
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 20-1187364 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

HARKNESS, KAREN ESQ.
6767 NORTH WICKHAM ROAD
SUITE 500
MELBOURNE, FL 32940 US

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.

SIGNATURE: KAREN HARKNESS

08/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARIN, DAVID
Address: 6767 N WICKHAM ROAD SUITE 500
City-St-Zip: MELBOURNE, FL 32940

Title: DS () Delete
Name: MOSER, GARY
Address: 6767 N WICKHAM ROAD SUITE 500
City-St-Zip: MELBOURNE, FL 32940

Title: DVT () Delete
Name: BAR-NAVON, BOAZ
Address: 6767 N WICKHAM ROAD SUITE 500
City-St-Zip: MELBOURNE, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUESCHER, KEITH
Address: P.O. BOX 411989
City-St-Zip: MELBOURNE, FL 32941

Title: DP (X) Change () Addition
Name: MITCHELL, KENNETH R
Address: P.O. BOX 411989
City-St-Zip: MELBOURNE, FL 32941

Title: DST (X) Change () Addition
Name: O'TOOLE, HAZEL
Address: P.O. BOX 411989
City-St-Zip: MELBOURNE, FL 32941

Title: V () Change (X) Addition
Name: BUSSEN, BRIAN
Address: P.O. BOX 411989
City-St-Zip: MELBOURNE, FL 32941

Title: V () Change (X) Addition
Name: CURLES, THOMAS
Address: P.O. BOX 411989
City-St-Zip: MELBOURNE, FL 32941

Title: DV () Change (X) Addition
Name: BARIN, DAVID
Address: P.O. BOX 411989
City-St-Zip: MELBOURNE, FL 32941

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH R. MITCHELL

P

08/16/2005

Electronic Signature of Signing Officer or Director

Date