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Secretary of State
04-27-2007 90192 048 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003369

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

40085727

Principal Place of Business	Mailing Address
6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940

04102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6905 N Wickham Rd	6905 N Wickham Rd
Suite, Apt. #, etc.: Ste 501	Suite, Apt. #, etc.: Ste 501
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32940 Country: USA	Zip: 32940 Country: USA

4. FEI Number: 20-1187364 ☐ 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
HARKNESS, KAREN ESQ. 6767 NORTH WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

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: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — 4/13/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	DP MITCHELL, KENNETH R P.O. BOX 411989 MELBOURNE, FL 32941	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Mitchell, Kenneth, R 6905 N Wickham Road, Ste 401 Melbourne FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST O'TOOLE, HAZEL P.O. BOX 411989 MELBOURNE, FL 32941	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'Toole Hazel 6905 N Wickham Road, Ste 401 Melbourne FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BUSSEN, BRIAN P.O. BOX 411989 MELBOURNE, FL 32941	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bussen, Brian 6905 N Wickham Road, Ste 401 Melbourne FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CURLES, THOMAS P.O. BOX 411989 MELBOURNE, FL 32941	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Curles, Thomas 6905 N Wickham Road, Ste 401 Melbourne FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BARIN, DAVID P.O. BOX 411989 MELBOURNE, FL 32941	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Barin, David 6905 N Wickham Rd, Ste 201 Melbourne FL 32940	☑ 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 exemptions contained in Chapter 119, 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: [redacted] SECRETARY — 4/18/07 — 321-253-[redacted]52
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #