2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# N33516

Entity Name: PALM COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1176 PALM COVE DR
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

C/O LIGHTHOUSE MGMT. & CONSULTING
PO BOX 0774
WINDERMERE, FL 347860774 US

New Mailing Address:

FEI Number: 59-3225659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR & CARLS, PA
150 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: ZARENCHANSKY, SCOTT
Address: 842 PALM COVE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D
Name: PLOSKONKA, ED
Address: 8492 ISLAND PALM CIR
City-St-Zip: ORLANDO, FL 32835

Title: TD
Name: CYRUS, CECIL
Address: 8635 SUGAR PALM COURT
City-St-Zip: ORLANDO, FL 32835

Title: PD
Name: BRITS, FERDI
Address: 1176 PALM COVE DR.
City-St-Zip: ORLANDO, FL 32835

Title: VPD
Name: HUBER, RICK
Address: 831 PALM COVE DR
City-St-Zip: ORLANDO, FL 32835

Title: SD
Name: REYNOLDS, DEBBIE
Address: 8473 ISLAND PALM CIRCLE
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: FERDI BRITS PD 04/28/2011

Electronic Signature of Signing Officer or Director Date