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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725814** **(8)**

1. Corporation Name
SMUGGLERS COVE PROPERTY OWNERS'ASSOCIATION,INCOR PORATED

Principal Place of Business	Mailing Address
P.O. BOX 3794 VERO BEACH FL 32963	P.O. BOX 3794 VERO BEACH FL 32963

3. Date Incorporated or Qualified: 03/14/1973

4. FEI Number: 59-1513320 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 3794
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Vero Beach FL
24 Zip / 25 Country	29 Zip: 32964 / 30 Country: Indian River

9. Name and Address of Current Registered Agent

STEWART, WILLIAM J.
3355 OCEAN DRIVE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIGLER, ENNA		1.2 NAME		
STREET ADDRESS	1560 SMUGGLERS COVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	CHIAVERINI, CAROL		2.2 NAME	Beverly Galego	
STREET ADDRESS	1476 SMUGGLERS COVE		2.3 STREET ADDRESS	1580 Smugglers Cove	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	Vero Beach FL 32963	
TITLE	VP	☐ DELETE	3.1 TITLE	1ST V. P.	☒ Change ☐ Addition
NAME	JOHNSON, JAMES		3.2 NAME	PAT TOMASETTI	
STREET ADDRESS	1585 SMUGGLERS COVE		3.3 STREET ADDRESS	1480 Smugglers Cove	
CITY-ST-ZIP	VERO BCH., FL 00000		3.4 CITY-ST-ZIP	Vero Beach FL 32963	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	GESTRICH, ROBERT		4.2 NAME	John Chiberg	
STREET ADDRESS	1561 SMUGGLERS COVE		4.3 STREET ADDRESS	1535 Smugglers Cove	
CITY-ST-ZIP	VERO BEACH,FL 32963		4.4 CITY-ST-ZIP	Vero Beach FL 32963	
TITLE	VP	☐ DELETE	5.1 TITLE	2ND V.P.	☒ Change ☐ Addition
NAME	GESTRICH, SIS		5.2 NAME	Susan Hayes	
STREET ADDRESS	1561 SMUGGLERS COVE		5.3 STREET ADDRESS	1550 Smugglers Cove	
CITY-ST-ZIP	VERO BCH., FL 00000		5.4 CITY-ST-ZIP	Vero Beach FL 32963	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARRISON, CAROLYN		6.2 NAME		
STREET ADDRESS	1541 SMUGGLERS COVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED 4-29-98 (561)234-5284