2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 07, 2005 8:00 am Secretary of State

DOCUMENT # 725814 1. Entity Name SMUGGLERS COVE PROPERTY OWNERS'ASSOCIATION, INCORPORATED						04-07-200.	5 90018 ()46 ****(51.25	
P.O. BOX 3794		Mailing Address P.O. BOX 3794 VERO BEACH, FL 32963				400489	155			
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03312005	Chg-NP	CR2E03	37 (10/03)		
City & State		City & State			4. FEI Numbe 59-1513			شسوسيا	pplied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered /	Agent		
ECHIMODE CHEANN				Name Sue ANN FENIMORE						
FENIMORE, SUEANN 1481 SMUGGLERS COVE VERO BEACH, FL 32963				Street Address (P.O. Box Number is Not Acceptable)						
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			City \	Jip	10 Bear	:h	FL	Zio Cod	913	
	named entity submits this statement for one of registered agent.	n-tenimori	٠			h, in the State of F $3/3$	Florida. I am	familiar with,	and accept	
	Signature, typed or printed name of registered agent	nt and trite if applicable. (NOTE:	Registered Agent sign	sture required	when reinstating)		DATE			
			,							
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co			\$5.00 May Bo		Make checi orlda Depar			
10.	-	Trust Fund Co			Added to Fees		Make checi orida Depar	c payable t tment of S	tate	
10.	Due by May 1, 2005	Trust Fund Co	ontribution.	PD	Added to Fees	FIG ANGES TO OFFICE	Make checi orida Depar ERS AND DI	c payable t tment of S	tate .	
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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 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: __

SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

ATTACHMENT

725814

MARDEN, JESSIE 1575 SMUGGLERS COVE VERO BEACH, FL 32963