2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State
04-07-2005 90018 046 ****61.25

DOCUMENT # 725814

1. Entity Name
SMUGGLERS COVE PROPERTY OWNERS'ASSOCIATION,INCORPORATED

40048955

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

03312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1513320 ☐ 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
FENIMORE, SUEANN 1481 SMUGGLERS COVE VERO BEACH, FL 32963	Name: Sue Ann Fenimore Street Address (P.O. Box Number is Not Acceptable): 1481 Smugglers Cove City: Vero Beach FL Zip Code: 32963

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: Sue Ann Fenimore 3/31/05
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, 2005

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	PD LISAK, RONALD A 1526 SMUGGLER COVE VERO BEACH, FL 32963	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYES, SUSAN S. 1550 SMUGGLERS COVE VERO BEACH, FL 32963	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD LARSON, GEORGE 1525 SMUGGLERS COVE VERO BEACH, FL 32963	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 VP GAWLER, SALLY 1480 SMUGGLERS COVE VERO BEACH, FL 32963	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD GAWLER, SALLY 1480 SMUGGLERS COVE VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 VP LOMBARDI, VICTOR 1576 SMUGGLERS COVE VERO BEACH, FL 32963	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FENIMORE, SUEANN 1481 SMUGGLER COVE VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GALARNEAU, ETHLYN 1485 SMUGGLERS COVE VERO BEACH, FL 32963	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REEB, HEATHER 1516 SMUGGLERS COVE VERO BEACH, FL 32963	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES, SUSAN 1550 SMUGGLERS COVE VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLOAN, MARTHA ANN 1545 SMUGGLERS COVE VERO BEACH, FL 32963	☐ Change ☑ Addition

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: Susan S. Hayes SUSAN S. HAYES 3/31/05 (772)461-2156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40048955
725814

D
MARDEN, JESSIE
1575 SMUGGLERS COVE
VERO BEACH, FL 32963