

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725814

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** SMUGGLERS COVE PROPERTY OWNERS' ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 3794  
VERO BEACH, FL 32963

**New Principal Place of Business:**

1545 SMUGGLERS COVE  
VERO BEACH, FL 32963

**Current Mailing Address:**

P.O. BOX 3794  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:** 59-1513320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, STEVEN  
1545 SMUGGLERS COVE  
VERO BEACH, FL 32963 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: V ( ) Delete  
Name: MARDEN, JESSIE  
Address: 1575 SMUGGLERS COVE  
City-St-Zip: VERO BEACH, FL 32963

Title: S ( ) Delete  
Name: SCHWEITZER, LARRY  
Address: 1526 SMUGGLERS COVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: LOMBARDI, VICTOR  
Address: 1576 SMUGGLERS COVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: GRAPPO, SARAH  
Address: 1570 SMUGGLERS COVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Delete  
Name: REEB, HEATHER  
Address: 1516 SMUGGLERS COVE  
City-St-Zip: VERO BEACH, FL 32963

Title: P ( ) Delete  
Name: SLOAN, STEVEN  
Address: 1545 SMUGGLERS COVE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN SLOAN

P

01/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date