2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 04 2008 8:00 am

ANNUAL REPORT								Secretary of State				
DOCUMENT # 725814 1. Entity Name SMUGGLERS COVE PROPERTY OWNERS'ASSOCIATION, INCORPORATED									ecreta. 2-04-2008 9			
Principal Place of Business 1545 SMUGGLERS COVE VERO BEACH, FL 32963			P.0.	Mailing Address P.O. BOX 3794 VERO BEACH, FL 32963							11 8 1811 61811 8181	[4] 0]]01]
2. Principal Place of Business - No P.O. Box # 3. Mai				ailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01212008 _C	hg-NP	CR2E03	7 (12/06)	
City & State				City & State			,	4. FEI Number Applied For 59-1513320 Not Applicable				
Zip	ip Country			Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name a	nd Address of Current	Registere	d Agent		·		7. Name and Add	iress of New R	egistered A	\gent	
CLOAN CTEVEN						Name						
SLOAN, STEVEN 1545 SMUGGLERS COVE VERO BEACH, FL 32963					Street Address (P.O. Box Number is Not Acceptable)				
72.13 D2.1011, 12 02000						City					Zip Code	
City								FL Zip Code				
	tions of register	submits this statement for ed agent. printed name of registered agent						ed agent, or both, in	the State of Flo	orida. I am f	amiliar with,	and accept
					Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DIF	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		F		☐ Delete	TITLE NAME STRE			NE MAR	$\overline{}$		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1526 SMU	ER, LARRY GGLERS COVE CH, FL 32963		☐ Delete			Ta	ENSURER		4	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		I, VICTOR GGLERS COVE CH, FL 32963		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SARAH GGLERS COVE ICH, FL 32963		☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł .	TEVEN GGLERS COVE ICH, FL 32963		☐ Defete							Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI		EX	FINOY	SECRE	TABY	☐ Change	Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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 of 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 was an address, with a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1/21/08