


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 728327 1. Entity Name HURON COVE CONDOMINIUM, INC.		
Principal Place of Business 911 HURON CT. APT. 6 MARCO ISLAND, FL 33937-6209 US		Mailing Address P.O. BOX 2200 P.O. BOX 2200 MARCO ISLAND, FL 33969 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILL, JEFFREY 233 N COLLIER BLVD. MARCO ISLAND, FL 34145		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, JOHN 911 HURON CT, #7 MARCO ISLAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, GEORGE 3089 ECHO HILLS RD. AKRON, OH 443132131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIORDON, BATTY 911 HURON COVE., #1 MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARP, EVELYN 3089 ECHO HILLS RD AKRON, OH 44313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, KEN 159 PIDNAM ST QUINCY, MA 02169	
TITLE NAME 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. 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: <i>John Roberts</i> John Roberts <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 4-28-06 (239) 394-1101 <small>Date Daytime Phone #</small>		



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1510719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/13/06-80004-012 61.25

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