

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90092 003 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1510719	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILL, JEFFREY 233 N COLLIER BLVD. MARCO ISLAND, FL 34145				Name <u>WILL, Jeffrey</u> Street Address (P.O. Box Number is Not Acceptable) <u>601 ELKcam Circle - B-16</u> City <u>Marco Island</u> FL Zip Code <u>34145</u>	
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 <u>Jeffrey Will, Agent.</u> (NOTE: Registered Agent signature required when re-registering) DATE <u>4/15/07</u>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, JOHN		NAME		
STREET ADDRESS	911 HURON CT, #1		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, GEORGE		NAME		
STREET ADDRESS	3089 ECHO HILLS RD.		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 443132131		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIORDON, BATTY		NAME		
STREET ADDRESS	911 HURON COVE., #1		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, EVELYN		NAME		
STREET ADDRESS	3089 ECHO HILLS RD		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH 44313		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYCE, KEN		NAME		
STREET ADDRESS	159 PIDNAM ST		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, MA 02169		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>KEN Boyce</u> <u>KEN Boyce</u> <u>4-30-07</u> <u>642-89534</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					