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

FILED Aug 04, 2006 8:00 am Secretary of State

08-04-2006 90016 015 ****61.25

DOCUMENT #730687 1. Entity Name WYN COVE PROPERTY OWNERS ASSOCIATION, INC. BOURTHOOP Mailing Address Principal Place of Business 1539 WYN COVE DRIVE 1539 WYN COVE DRIVE VERO BEACH, FL 32963 VERO BEACH, FL 32963 US 2. Principal Place of Business 426 Suite, Apt. #, etc. Suite, Apt. #, etc 07172006 Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 51-0163937 Not Applicable Country \$8.75 Additional Countr 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITTAKER, DONALD L 1539 WYN COVE DRIVE VERO BEACH, FL 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 SIGNATURE **\$5.00** May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Added to Fees Florida Department of State Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. RESIDENT PD TITLE Change ☐ Addition TITLE Delete CARUSO, JOE NAME NAME STREET ADDRESS 1515 WYN COVE DRIVE STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Change ☐ Addition ☐ Delete TITLE PATE, ANGELA MARKE NAME 1525 WYN COVE DRIVE STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE SD TITLE CRETORY BROWN, STEPHEN NAME NAME STREET ADDRESS 1466 WYN COVE DRIVE STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE WHITTAKER, DONALD MARAE L. BIEBER 1539 WYN COVE DR STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

Daytime Phone #