Apr 28 06 02:23p

04/28/2006 13:12 7275366454 CMC

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90079 027 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 743476

1. Entity Name
RELICANS COVE ASSOCIATION, INC.

40089674

Principal Place of Business	Mailing Address
506 N GULF BLVD #504 INDIAN ROCKS BEACH, FL 34635	506 N GULF BLVD #504 INDIAN ROCKS BEACH, FL 34635

04282006 Chg-NP CR2E037 (4/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1925120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALL COUNTY PROPERTY MGMT.
2898 66TH ST. N.
SAINT PETERSBURG, FL 33711

7. Name and Address of New Registered Agent

Name COMMUNITY MANAGEMENT CONCEPTS
Street Address (P.O. Box Number is Not Acceptable)
4175 EAST BAY DR SUITE 205
City CLEARWATER FL Zip Code 33764

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELANEY, JIM 506 N GULF BLVD #403 INDIAN ROCKS BEACH, FL 33785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NEISMITH, WILLIAM 506 N GULF BLVD #305 INDIAN ROCKS BEACH, FL 33785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Keith A, Beauregard ☐ Change ☒ Addition 200, Howard St. Wheaton, IL 60187
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BRAASCH, MICHELLE 5407 S NOTTINGHAM CHICAGO, IL 60639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ April 28 2006 (727)57-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #