2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State
09-05-2006 90023 025 ****61.25

DOCUMENT # 753385

1. Entity Name
THE COVE AT LAKE MIRA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1804 GOLDENROD, FL 32733	P O BOX 1804 GOLDENROD, FL 32733

08312006 Chg-NP CR2E037 (4/06)

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 59-2105976 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOODS, INGA 3959 LAKE MIRA DRIVE ORLANDO, FL 32817	Name: Costello, William M. Street Address (P.O. Box Number is Not Acceptable): 3947 Lake Mira DR. City: Orlando FL Zip Code: 32817

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: William M. Costello 8/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 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	DP HARRELL, TERESA G 8548 SIDON ST. ORLANDO, FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Brackin, Christine 8524 Sidon ST. Orlando, FL. 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SMITH, KEVIN 8536 SIDON ST. ORLANDO, FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Rolwood, Robin 3959 Lake Mira Dr. Orlando, FL. 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRELL, CHRISTOPHER 8548 SIDON ST. ORLANDO, FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Costello, ~~Mike~~ William M. 3947 Lake Mira Dr. Orlando, FL. 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FORKENBROCK, KATHY 4125 LAKE MIRA DR ORLANDO, FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Wright, Rick 3963 Lake Mira CT. Orlando, FL. 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACKIN, CHRISTINE 8525 SIDON ST. ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kammer, Roy 8530 Sidon ST. Orlando, FL. 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARDEN, BOB 8566 SIDON ST. ORLANDO, FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fennald, Lloyd 4052 Lake Mira Dr. Orlando, FL. 32817	☐ 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: Christine Brackin Christine Brackin 083006 407-678-3875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

6 0038326

FEI NUMBER 58-2405976

Document # 753385

11. Dadhich, Shyam
3958 Lake Mira Ct.
Orlando, FL. 32817

Luongo, Susan
3971 Lake Mira Dr.
Orlando, FL. 32817

Simpson, Taylor
3959 Lake Mira Dr.
Orlando, FL. 32817

Christine Bracken
Aug 30, 2006