

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90062 035 \*\*\*\*61.25

**DOCUMENT # 753385**

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



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

Mailing Address  
**P O BOX 1804  
GOLDENROD, FL 32733**



04132007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**COSTELLO, WILLIAM M**  
**3947 LAKE MIRA DR**  
**ORLANDO, FL 32817**

*Dad hich Ghanashyam*  
*3958 Lake Mira CT.*  
*Orlando, FL 32817*

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*G.M. DADHICH*

*4/21/07*

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**BRACKIN, CHRISTINE**  
**8524 SIDON ST**  
**ORLANDO, FL 32817**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**WOOD, ROBIN**  
**3959 LAKE MIRA DR**  
**ORLANDO, FL 32817**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**COSTELLO, WILLIAM M**  
**3947 LAKE MIRA DR**  
**ORLANDO, FL 32817**

*Dad hich Ghanashyam*  
*3958 Lake Mira CT.*  
*Orlando, FL 32817*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**WRIGHT, RICK**  
**3963 LAKE MIRA CT**  
**ORLANDO, FL 32817**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BRACKIN, CHRISTINE**  
**8525 SIDON ST**  
**ORLANDO, FL 32817**

*Ray Kammer*  
*9530 Sidon St.*  
*Orlando, FL 32817*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**FERNALD, LLOYD**  
**4052 LAKE MIRA DR**  
**ORLANDO, FL 32817**

**DO NOT WRITE  
IN THIS SPACE**

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*

*042007*

*407-678-3875*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #