2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90129 002 ****61.25

DOCUMENT # 756530

1. Entity Name

COVE HOMEOWNERS ASSOCIATION OF LAKE HARRIS, INC.

Principal Place of Business	Mailing Address
31203 COVE ROAD TAVARES FL 32778	11333 DAVISON LN TAVARES FL 32778 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
31202Cove Road	30721 Glenn Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavares, Fl.	City & State: Tavares, Fl.
Zip: 32778 Country: Lake	Zip: 32778 Country: Lake

4. FEI Number: 59-2959135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BREWSTER, R B
11333 DAVISON LN
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name: Jennifer Martin
Street Address (P.O. Box Number is Not Acceptable): 30721 Glenn Dr.
City: Tavares FL Zip Code: 32778

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: Jennifer C. Martin
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	P BROMMELAND, KRIS 30920 CIRCLE DRIVE TAVARES FL 32778	☒ Delete	P DeKoning, Hans President 30849 Cove Road Tavares, Fl. 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEKONING, HANS 30849 CORE ROAD TAVARES FL 32778	☒ Delete	Vice Presdent ~~Kenneth Martin~~ Kenneth Martin 30721 Glenn Dr. Tavares, Fl. 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAHKAMP, SUSAN 30749 GLENN DRIVE TAVARES FL 32778	☐ Delete	S Correct spelling Lohkamp, Susan 30749 Glenn Dr. Tavares, Fl. 32778	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSEMARY BREWSTER 11333 DAVISON LANE TAVARES FL	☒ Delete	T Martin, Jennifer 30721 Glenn Dr. Tavares, Fl. 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIEGEL, H M 11334 DAVISON TAVARES FL 32778	☒ Delete	D Whitten, Dollie 31202 Cove Road Tavares, Fl. 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURSH, BILL 31050 COVE RD TAVARES FL	☐ Delete	D Burtt, Billy 30640 Cove Road Tavares, Fl.32778	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jennifer C. Martin 4-1-05 352 742-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #