

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90031 016 \*\*\*\*61.25

<b>DOCUMENT #761448</b> 1. Entity Name NORTH COVE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 190 N WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714		Mailing Address 190 N WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 860 North S.R. 434		3. Mailing Address 860 North S.R. 434	
Suite, Apt. #, etc. Suite 1009		Suite, Apt. #, etc. Suite 1009	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32714		Zip 32714	
Country USA		Country USA	
4. FEI Number 59-2267824		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CAMPBELL, MARILYN 190 N WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent  Name: Campbell, Marilyn Street Address (P.O. Box Number is Not Acceptable): 860 North S.R. 434 Suite 1009 City: Altamonte Springs FL Zip Code: 32714	
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: <u>Marilyn Campbell</u> 3/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D BULLINGTON, BOBBI 1550 GRACE LAKE CIRCLE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
T Bullington, Bobbi 1550 Grace Lake Cr. Longwood, FL 32750		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D KERRIGAN, FELIX 1555 GRACE LAKE CIRCLE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
P Kerrigan, Felix 1555 Grace Lake Cr. Longwood, FL 32750		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARR, MITCHEIL 1413 NORTH COVA BLVD. LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
VP Parr, mitchell 1413 North Cove Blvd Longwood, FL 32750		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HENNESSY, STEVE 1474 GRACE LAKE CIR LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
D Lax, Jim 1514 Grace Lake Cr Longwood, FL 32750		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFFMAN, MICHAEL 1542 GRACE LAKE CIR LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
Empty row		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bobbi F. Bullington</u>		Date: <u>4-10-08</u> Daytime Phone #: <u>407-830-8497</u>	