2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name NORTH COVE HOMEOWNERS' ASSOCIATION, INC.							031 016 ****6	1.25
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 # 3. Mailing Address 860 North S. R. 434 860 North			S.R 4	3¥			<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1009				ng-NP	CR2E037 (12/06)	
altumonte Springs, P. altumonte			, , , , , , , , , , , , , , , , , , , 	Æ	4. FEI Number 59-226782	4		Applied For Not Applicable
3571	4 Country / USA	32714-	Country	SA	-5. Certificate of St		Fee Requi	dditional red
	6. Name and Address of Current Re	gistered Agent	1,2		7. Name and Add	ress of New Reg	istered Agent	
				mpbell, marlyn				
190 N WESTMONTE DR SUITE 100				reet Address (P.O. Box Number ie Not Adceptable)				
ALTAMON	ITE SPRINGS, FL 32714		Su	Suite 1009				
&") ta				mu	monte Springs FL 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 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 May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.								
	Due by May 1, 2008	Trust Fund Cor	ntribution.		\$5.00 May Be Added to Fees	Florid	ke check payable a Department of	State
10.	Due by May 1, 2008 OFFICERS AND DIRE	Trust Fund Cor	ntribution.		Added to Fees DDITIONS/CHANGE	Florid	AND DIRECTORS	State IN 10
10. TITLE NAME	OFFICERS AND DIRE	Trust Fund Cor	ntribution.		Added to Fees DDITIONS/CHANGE	Florid	a Department of	State IN 10
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT P/D BULLINGTON, BOBBI 1550 GRACE LAKE CIRCLE	Trust Fund Cor	TITLE NAME STREET ADDRESS		Added to Fees DDITIONS/CHANGE ING FON BO	Florid ES TO OFFICERS OBBI Le Cr.	a Department of S AND DIRECTORS Change	State IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BULLINGTON, BOBBI 1550 GRACE LAKE CIRCLE LONGWOOD, FL 32750	Trust Fund Cor	11. ITILE NAME STREET ADDRESS : CITY-ST-ZIP	Bull 1550	Added to Fees DDITIONS/CHANGE Ington B Grace La GWOOd	Florid STO OFFICERS 6661 Le Cr. F2-327	a Department of SAND DIRECTORS Change	State IN 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIRE P/D BULLINGTON, BOBBI 1550 GRACE LAKE CIRCLE LONGWOOD, FL 32750 VP/D KERRIGAN, FELIX	Trust Fund Cor	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Bull 1550 Lan 1551	Added to Fees DDITIONS/CHANGE Ing ton B Grace La gwood Isan, Fel Grace L gwood,	Florid STO OFFICERS 666 Le Cr. F2 32 Lix Lake Cr F2 33	AND DIRECTORS Change	State IN 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS, CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIRE P/D BULLINGTON, BOBBI 1550 GRACE LAKE CIRCLE LONGWOOD, FL 32750 VP/D KERRIGAN, FELIX 1555 GRACE LAKE CIRCLE LONGWOOD, FL 32750 T PARR, MITCHEIL	Trust Fund Cor	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Bull 1550 Lon 1550 Lon VP Parr	Added to Fees DDITIONS/CHANGE Ing ton B Grace La gwood Isan Fee Grace L gwood The Gra	Florid STO OFFICERS 6661 Le Cr. F2 327 lix Lake Cr F2 33	Change	State IN 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS. CITY-ST-ZIP TITLE	Due by May 1, 2008 OFFICERS AND DIRE P/D BULLINGTON, BOBBI 1550 GRACE LAKE CIRCLE LONGWOOD, FL 32750 VP/D KERRIGAN, FELIX .1555 GRACE LAKE CIRCLE LONGWOOD, FL 32750 T PARR, MITCHEIL 1413 NORTH COVA BLVD.	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bull 1550 Lon 1550 Lon VP Parr	Added to Fees DDITIONS/CHANGE Ing ton B Grace La gwood Isan Fee Grace L gwood The Gra	Florid STO OFFICERS 6661 Le Cr. F2 327 lix Lake Cr F2 33	Change	State IN 10 Addition Addition
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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.