


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 764468 1. Entity Name AQUA COVE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 8420 AQUA COVE LANE FT MYERS, FL 33903	Mailing Address 8420 AQUA COVE LANE FT MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2378028	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

CAROLYN STOUT
8390 AQUA COVE LN.
FT MYERS, FL 33903

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000124782 04/22/04-80059-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAIKINS, TERESA 8400 AQUA COVE LN FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOGELBACK, BRETT 8410 AQUA COVE LANE FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STOUT, CAROLYN 8390 AQUA COVE LANE FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HABAYEB, LOUISE 8431 AQUA COVE LANE FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/20/04 <small>Date</small>	239-656-4121 <small>Daytime Phone #</small>
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