2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# 764468

Entity Name: AQUA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8420 AQUA COVE LANE
FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

8420 AQUA COVE LANE
FT MYERS, FL 33903

New Mailing Address:

FEI Number: 59-2378028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAROLYN STOUT
8390 AQUA COUE LN.
FT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CAIKINS, TERESA
Address: 8400 AQUA COUE LN
City-St-Zip: FT MYERS, FL 33903

Title: DV ( ) Delete
Name: VOGELBACK, BRETT
Address: 8410 AQUA COVE LANE
City-St-Zip: FT MYERS, FL 33903

Title: DT ( ) Delete
Name: STOUT, CAROLYN
Address: 8390 AQUA COVE LANE
City-St-Zip: FT MYERS, FL 33903

Title: DS ( ) Delete
Name: HABAYEB, LOUISE
Address: 8431 AQUA COVE LANE
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN STOUT DT 04/24/2006

Electronic Signature of Signing Officer or Director — Date