
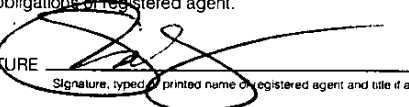
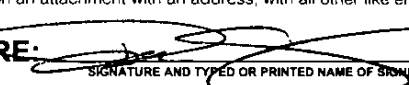


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90187 018 \*\*\*\*61.25

<b>DOCUMENT # 764468</b> 1. Entity Name <b>AQUA COVE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8420 AQUA COVE LANE FT MYERS, FL 33903</b>			Mailing Address <b>8420 AQUA COVE LANE FT MYERS, FL 33903</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 60847</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Ft Myers FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-2378028</b>	
<b>33966</b>	<b>USA</b>	<b>33966</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAROLYN STOUT 8390 AQUA COVE LN. FT MYERS, FL 33903</b>			7. Name and Address of New Registered Agent Name <b>Shane Spring</b> Street Address (P.O. Box Number is Not Acceptable) <b>6929 Highland Dr Cir</b> City <b>Ft Myers</b> <b>FL</b> Zip Code <b>33966</b>		
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. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>2/29/08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>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	DP CAIKINS, TERESA 8400 AQUA COVE LN FT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOGELBACK, BRETT 8410 AQUA COVE LANE FT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President Carl Barmacco 8390 AQUA COVE LN North Ft Myers FL 33903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STOUT, CAROLYN 8390 AQUA COVE LANE FT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer Robert Bubac 8420 Aqua Cove Ln North Ft Myers FL 33903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HABAYEB, LOUISE 8431 AQUA COVE LANE FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>2/28/08</b> Daytime Phone # <b>339-229-3242</b>	