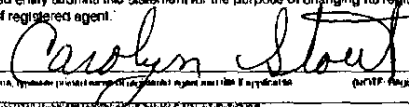
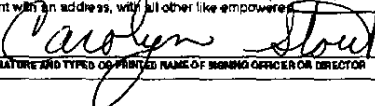


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 037 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 764468			
1. Entity Name AQUA COVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 8420 AQUA COVE LANE FT MYERS, FL 33903		Mailing Address 8420 AQUA COVE LANE FT MYERS, FL 33903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2378028		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUBAR, ROBERT 8420 AQUA COVE LANE FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name CAROLYN STOUT Street Address (P.O. box not acceptable) 8390 Aqua Cove LN City N FT MYERS FL Zip Code 33903	
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  DATE 4/8/03			
FILE NOW! FEES \$51.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUBAR, ROBERT 8420 AQUA COVE LANE FT MYERS, FL 33903 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERESA CAIKINS ☒ Change ☐ Addition 8400 Aqua Cove LN N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAKER, BRIAN 8410 AQUA COVE LANE FT MYERS, FL 33903 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRETT Vogelbach ☒ Change ☐ Addition 8415 Aqua Cove LN N FT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STOUT, CAROLYN 8390 AQUA COVE LANE FT MYERS, FL 33903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HABAYEB, LOUISE 8431 AQUA COVE LANE FORT MYERS, FL 33903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 like empowerments. SIGNATURE:  DATE 4/8/03 239-656-4121			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			