2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # G92727

1. Entity Name

Principal Place of Business

ALCOVE MOBILE HOME OWNERS' ASSOC. INC.



FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 043 ***150.00

Suito, Appl. #, citc	1600 OLD COACHMAN ROAD #217 1600 OLD COACHMAN CLEARWATER FL 33765-1618 CLEARWATER FL 33765												
City & State	2. Principal P	ace of Business - No P.O. Box #	3. Mail	. Mailing Address									
County C	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					1st MOORE CR2E034 (10/06)					
County	City & State		City & State					4. FEI Numb	^{er} 59-2493	3283	<u> </u>		
Name Name Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number	Zip	Country	Zip	Zip Coun				5. Certificate of Status Desired \$8.75 Additional					
Name		6. Name and Address of Current	Registere	1 Agent				``````````````````````````````````````					
Sircol Address (P.O. Box Number is Not Acceptable)													
City	50 SOUTH BELCHER AVE					Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both in the State of Florida. I am lamiliar with, and accept the obligations of registored agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS 150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Rayable to Florida Department of State 10.													
SIGNATURE						City				FI	Zip C	ode	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. PD PHILLIS, GEORGE F 1600 OLD COACHMAN ROAD #910 TITUL VD GROSTEFFON, DONALD F. 1600 OLD COACHMAN ROAD #910 CLEARWATER FL 33765 TOLEARWATER FL 33765 TOLEA	the obligations of registored agent.												
## STREET ADDRESS 11. PD	SIGNATURE Signature, typed or parilled name of registered agent and liftein amplicable (NOTE flogistered Agent signature required which remistating) DATE												
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GHT-91-711 (HT-91-711)					SIRE	ET ADDRESS							
49. Thereby partify that the information complied with this filing does not qualify for the examplians contained in Caption 110. Florida Statutas, I further cartify that the information		L., ., ., ., ., ., ., ., ., ., ., ., ., .			CHY		<u> </u>						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 727-797-5438 Date Dayline Phone #