2006 NOT-FOR-PROFIT CORPORA TON ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90383 033 ****61.25

1. Entity Name DOMENICA COVE OWNERS ASSOCIATION, INC.								04-24-2	000 90			.23
Principal Place 125 NOBLAT MARY ESTHE		125 i	g Address NOBLAT DR / ESTHER, FL 325	69							50016	;242
2. Principal Pl	lace of Business	3. Mail	ing Address	- 15	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Suite, Apt. #, etc.			4236 BOBCAT COL Suite, Apt. #, etc.				04172006	Chg-NP		CR2E03	 37 (11/05)	-
City & State	9	N	y & State	, F	۲.		4. FEI Numb NOT AI	er PPLICABL	E			pplied For ot Applicable
Zíp	Country	Zip 3	2578	Cou	ntry		5. Certificate	of Status De	sired		\$8.75 Adi Fee Require	
	6. Name and Address	of Current Registere	d Agent			······		d Address of			Agent	
BRUMBAL	JG, MELISSA A				Name	PET		DRNAC		<u>i </u>		
125 NABL						ddress (F	P.O. Box Numb BoBC	er is Not Acc	eptable)			
					City	VICE	VILLE			FL	Zip Coo	ie 5 7 8
	named entity submits this	statement for the purp	ose of changing its	registere	ed office or	r registere	ed agent, or bo	oth, in the Stat	e of Florid	da. I am	familiar with	and accept
the obligat												
	ions of registered agent.		_		~ /	۰ ر						- 1
	PFTER FURN Signature, typed or printed name of	JACIARI - 7 registered agent and title # app	TREASURER	Registere	Pdf d Agent signate	ure required	orway' when reinstating)	ah'		4 - DATE	2/- i	6
	PETER FORN	registered agent and title # app	Neable. (NOTE 9. Election Carr Trust Fund C	: Registered npaign F	inancing	u F ture required	when reinstating) \$5.00 May (Added to Fees		Mal	DATE Ce checl	2/- A	to
	PFTER FORN Signature, typed or printed name of Filling Fee is \$61.29 Due by May 1, 2006 OFFICE	registered agent and title # app	9. Election Carr Trust Fund C	: Registered npaign F	inancing		\$5.00 May	·	Mal Florid	ce checl	k payable t	to itate
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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.

SIGNATURE: Poter Formaciani PETER FOR NACIARI 4-21-66 (850)897-6964