


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N00000006985</b> 1. Entity Name <b>DOMENICA COVE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>125 NOBLAT DR</b> <b>MARY ESTHER, FL 32569</b>				Mailing Address <b>125 NOBLAT DR</b> <b>MARY ESTHER, FL 32569</b>	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address <b>4236 BOBCAT COVE</b> Suite, Apt. #, etc.	
City & State Zip                      Country				City & State <b>NICEVILLE, FL.</b> Zip                      Country <b>32578</b>	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRUMBAUG, MELISSA A</b> <b>125 NABLAT DR</b> <b>MARY ESTHER, FL 32569</b>				7. Name and Address of New Registered Agent Name <b>PETER FORNACIARI</b> Street Address (P.O. Box Number is Not Acceptable) <b>4236 BOBCAT COVE</b> City <b>NICEVILLE</b> FL Zip Code <b>32578</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 <b>PETER FORNACIARI - TREASURER</b> <i>Peter Fornaciari</i> <b>4-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</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	<b>P</b> <b>HOANG, BE</b> <b>2296 ORION RD</b> <b>NAVARRE, FL 32566</b>	<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	<b>S</b> <b>FORNECIARI, PETER</b> <b>4235 BOBCAT COYE</b> <b>NICEVILLE, FL 32578</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>PETER FORNACIARI</b> <b>4236 BOBCAT COVE</b> <b>NICEVILLE, FL. 32578</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRUMBAUGH, MELISSA</b> <b>125 NOBLAT DR</b> <b>MARY ESTHER, FL 32569</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>CHRIS CUDAHY</b> <b>392 PRISTINE WATER LANE</b> <b>MARY ESTHER, FL. 32569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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.					
SIGNATURE: <i>Peter Fornaciari</i> <b>PETER FORNACIARI</b> <b>4-21-06</b> <b>(850)897-6964</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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