

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90142 012 ****61.25

DOCUMENT # N01000006555			
1. Entity Name CALABRIA COVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714 US		Mailing Address 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714 US	
2. Principal Place of Business Suite, Apt. #, etc. 106 CALABRIA Sp Cv. City & State SANFORD, FL Zip 32771 Country USA		3. Mailing Address Suite, Apt. #, etc. 106 CALABRIA Sp Cv. City & State SANFORD, FL Zip 32771 Country USA	
4. FEI Number 62-0880780		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESIDENTIAL GROUP SOUTH, INC. 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name BRIAN FORREST Street Address (P.O. Box Number is Not Acceptable) 106 CALABRIA Sp Cove City SANFORD FL Zip Code 32771	
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 <u>BRIAN FORREST, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/30/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P KELLY, ANGELA 128 CALABRIA SPRINGS COVE SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORREST, BRIAN 106 CALABRIA SPRINGS COVE SANFORD, FL 32771	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMMONS, JANICE 105 CALABRIA SPRINGS COVE SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONYA John 2310 River Tree Cr. SANFORD, FL 32771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Fee ney 109 CALABRIA Springs Cove SANFORD, FL 32771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONYA John 2310 River Tree Cr. SANFORD, FL 32771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 empowered.			
SIGNATURE: <u>Brian Forrest</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>3/31/05</u> <small>Date</small>	
Daytime Phone #		Daytime Phone #	