

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006555

FILED
Apr 25, 2006
Secretary of State

Entity Name: CALABRIA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BRIAN FORREST
106 CALABRIA SP CV
SANFORD, FL 32771 US

New Principal Place of Business:

SPECIALTY MANAGEMENT
882 JACKSON AVE
WINTER PARK, FL 32789 US

Current Mailing Address:

BRIAN FORREST
106 CALABRIA SP CV
SANFORD, FL 32771 US

New Mailing Address:

SPECIALTY MANAGEMENT
882 JACKSON AVE
WINTER PARK, FL 32789 US

FEI Number: 62-0880780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORREST, BRIAN
106 CALABRIA SP COVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BRACKIN, ANDREA L
882 JACKSON AVE.
WINTER PARK, FL 32789 US

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.

SIGNATURE: ANDREA BRACKIN

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORREST, BRIAN
Address: 106 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771 US

Title: ST () Delete
Name: TONYA, JOHN
Address: 2310 RIVER TREE CR
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: FEENEY, JIM
Address: 109 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOYLEN, ROBERT
Address: 124 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771 US

Title: VD (X) Change () Addition
Name: TONYA, JOHN
Address: 2310 RIVER TREE CR
City-St-Zip: SANFORD, FL 32771

Title: STD (X) Change () Addition
Name: BANNER, SONYA
Address: 123 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MOYLAN

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date