


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90080 045 \*\*\*\*61.25

**DOCUMENT # N01000006555**

1. Entity Name  
**CALABRIA COVE HOMEOWNERS ASSOCIATION, INC.**



40013000

Principal Place of Business  
**SPECIALTY MANAGEMENT**  
**882 JACKSON AVE**  
**WINTER PARK, FL 32789 US**

Mailing Address  
**SPECIALTY MANAGEMENT**  
**882 JACKSON AVE**  
**WINTER PARK, FL 32789 US**



2. Principal Place of Business - No P.O. Box #  
**C/O EPM Services**

3. Mailing Address  
**C/O EPM Services**

Suite, Apt. #, etc.  
**165 West SR 434**

Suite, Apt. #, etc.  
**PO BOX 197043**

City & State  
**Winter Springs, FL**

City & State  
**Winter Springs, FL**

Zip  
**32708**

Country  
**USA**

Zip  
**32719**

Country

04092008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**EPM SERVICES**  
**165 WEST STATE RD. 434**  
**WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name  
**Palmerston, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**165 West SR 434**

City  
**Winter Springs**

FL

Zip Code  
**32708**

4. FEI Number  
**62-0880780**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 Rakesh Sharma, LCAM *[Signature]* 04/10/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MOYLEN, ROBERT<br>124 CALABRIA SPRINGS COVE<br>SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BANNER, SONYA<br>123 CALABRIA SPRINGS COVE<br>SANFORD, FL 32771 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIMMONS, JENNY<br>126 CALABRIA SPRINGS COVE<br>SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Committee/Beazer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Janice Simmons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>105 Calabria Springs Cove<br>Sanford, FL 32771       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Chris Palumbo<br>127 Calabria Springs Cove<br>Sanford, FL 32771      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Committee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Joe Daviduke<br>126 Calabria Springs Cove<br>Sanford, FL 32771 |

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: JANICE SIMMONS *[Signature]* 4/16/08 407-444-8209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #