

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 27, 2006
Secretary of State

DOCUMENT# N01000008793

Entity Name: PHILLIPS COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5511 HANSEL AVENUE
ORLANDO, FL 32809**New Principal Place of Business:**221 WALTON HEATH DRIVE
ORLANDO, FL 32828**Current Mailing Address:**5511 HANSEL AVENUE
ORLANDO, FL 32809**New Mailing Address:**221 WALTON HEATH DRIVE
ORLANDO, FL 32828**FEI Number:** 30-0178160**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOOKER, MARC
5511 HANSEL AVENUE
ORLANDO, FL 32809 US**Name and Address of New Registered Agent:**PALMER, BETH
221 WALTON HEATH DRIVE
ORLANDO, FL 32828 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: BETH PALMER

09/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELVIN, JAY
Address: 5232 PHILLIPS OAKS LANE
City-St-Zip: ORLANDO, FL 32812

Title: VPD () Delete
Name: NUTT, HOLLY
Address: 4515 LEOLA LANE
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: COMSTOCK, JERRY
Address: 5239 PHILLIPS OAKS LANE
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: WOODS, STANFORD
Address: 5214 PHILLIPS OAKS LANE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: CARR, JOHN
Address: 5245 PHILLIPS OAKS LANE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAY BELVIN

P

09/27/2006

Electronic Signature of Signing Officer or Director

Date