

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008793

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: PHILLIPS COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

221 WALTON HEATH DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**  
221 WALTON HEATH DRIVE  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 30-0178160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **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:

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: BELVIN, JAY  
Address: 5232 PHILLIPS OAKS LANE  
City-St-Zip: ORLANDO, FL 32812

Title: VPD (X) Change ( ) Addition  
Name: CASE, DAVID  
Address: 5221 PHILLIPS OAKS LANE  
City-St-Zip: ORLANDO, FL 32812

Title: PD (X) Change ( ) Addition  
Name: WALTERS, MICHELLE  
Address: 5227 PHILLIPS OAKS LANE  
City-St-Zip: ORLANDO, FL 32812

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 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: MICHELLE WALTERS

PD

07/02/2007

Electronic Signature of Signing Officer or Director

Date