2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 05, 2008 8:00 am
Secretary of State
03-07-2008 90038 020 ****61.25

DOCUMENT # N02000004503

1. Entity Name
EAST LAKE COVE HOMEOWNERS ASSOCIATION, INC.

66009720

Principal Place of Business	Mailing Address
2884 S OSCEOLA AVE ORLANDO, FL 32806	2884 S OSCEOLA AVE ORLANDO, FL 32806

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 61-1416145 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERDINANDSEN ENTERPRISES, INC. 2884 S OSCEOLA AVE ORLANDO, FL 32806	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETTY, STEVE 4911 LAZY OAKS WAY SAINT CLOUD, FL 34771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Dennis Howard 1938 Big Cypress Drive Saint Cloud, FL 34771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ President COATES, DAVE 4914 LAZY OAKS WAY SAINT CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dave Coates 4914 Lazy Oaks Way Saint Cloud, FL 34771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ SECRETARY CHARBONNEAU, DIANE 4962 SAINT CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Diane Charbonneau 4962 Lazy Oaks Way Saint Cloud, FL 34771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUTER, JAMES 4912 LAZY OAKS WAY SAINT CLOUD, FL 34771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Harvey Schwartz 4972 Lazy Oaks Loop Saint Cloud, FL 34771	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCKER, CHARLES 4904 LAZY OAKS WAY SAINT CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FRANK Bermudas 4939 Lazy Oaks Loop Saint Cloud, FL 34771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR John Barfield	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Barfield 1905 Lazy Oaks Loop Saint Cloud FL 34771	☐ Change ☒ Addition

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: _____ 1/8/08 4077001748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #