


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90155 018 ****61.25

DOCUMENT # N03000003369

1. Entity Name
MINTON COVE HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.



Principal Place of Business
6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940

Mailing Address
6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1187364

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARKNESS, KAREN ESQ.
 6767 NORTH WICKHAM ROAD
 SUITE 500
 MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUESCHER, KEITH | | NAME | | |
| STREET ADDRESS | P.O. BOX 411989 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32941 | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MITCHELL, KENNETH R | | NAME | | |
| STREET ADDRESS | P.O. BOX 411989 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32941 | | CITY-ST-ZIP | | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | O'TOOLE, HAZEL | | NAME | | |
| STREET ADDRESS | P.O. BOX 411989 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32941 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUSSEN, BRIAN | | NAME | | |
| STREET ADDRESS | P.O. BOX 411989 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32941 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CURLES, THOMAS | | NAME | | |
| STREET ADDRESS | P.O. BOX 411989 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32941 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARIN, DAVID | | NAME | | |
| STREET ADDRESS | P.O. BOX 411989 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32941 | | CITY-ST-ZIP | | |

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: *Hazel O'Toole* **HAZEL O'TOOLE** 4/24/06 321-253-8284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #