


**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90192 048 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N03000003369</b> 1. Entity Name <b>MINTON COVE HOMEOWNERS ASSOCIATION OF          BREVARD COUNTY, INC.</b>		
Principal Place of Business <b>6767 N WICKHAM ROAD SUITE 500          MELBOURNE, FL 32940</b>		Mailing Address <b>6767 N WICKHAM ROAD SUITE 500          MELBOURNE, FL 32940</b>
2. Principal Place of Business - No P.O. Box # <b>6905 N Wickham Rd</b>	3. Mailing Address <b>6905 N Wickham Rd</b>	
Suite, Apt. #, etc. <b>Ste 501</b>	Suite, Apt. #, etc. <b>Ste 501</b>	
City & State <b>Melbourne FL</b>	City & State <b>Melbourne FL</b>	
Zip <b>32940</b>	Country <b>USA</b>	4. FEI Number <b>20-1187364</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional          Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> <b>HARKNESS, KAREN ESQ.</b> <b>6767 NORTH WICKHAM ROAD</b> <b>SUITE 500</b> <b>MELBOURNE, FL 32940</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>
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: <u><i>Barbara A Burke</i></u> <b>Barbara A. Burke</b> <b>Special Assistant Secretary</b> <b>4/13/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>		
<b>Filing Fee is \$61.25          Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>MITCHELL, KENNETH R</b> <b>P.O. BOX 411989</b> <b>MELBOURNE, FL 32941</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <b>OTOOLE, HAZEL</b> <b>P.O. BOX 411989</b> <b>MELBOURNE, FL 32941</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>BUSSEN, BRIAN</b> <b>P.O. BOX 411989</b> <b>MELBOURNE, FL 32941</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>CURLES, THOMAS</b> <b>P.O. BOX 411989</b> <b>MELBOURNE, FL 32941</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV <b>BARIN, DAVID</b> <b>P.O. BOX 411989</b> <b>MELBOURNE, FL 32941</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.		
<b>SIGNATURE:</b> <u><i>David Barin</i></u> <b>SECRETARY</b> <b>4/18/07</b> <b>321-253-7052</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>		

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