

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2008  
Secretary of State**

DOCUMENT# N03000003369

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

**Current Principal Place of Business:**

6905 N WICKHAM RD  
STE 501  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

6905 N WICKHAM RD  
STE 501  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 20-1187364      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARIC, JOHN ESQ.  
6905 N. WICKHAM RD., SUITE 501  
MELBOURNE, FL 32940 US

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

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: FOLEY, TODD  
Address: 6905 N. WICKHAM RD., SUITE 201  
City-St-Zip: MELBOURNE, FL 32940

Title: DST ( ) Delete  
Name: O'TOOLE, HAZEL  
Address: 6905 N. WICKHAM RD., SUITE 401  
City-St-Zip: MELBOURNE, FL 32940

Title: VD ( ) Delete  
Name: WEBER, SHARON  
Address: 6905 N. WICKHAM RD., SUITE 401  
City-St-Zip: MELBOURNE, FL 32940

**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:

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: TODD FOLEY

P

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date