2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2004 8:00 am Secretary of State

1450 MUS-1 STE 500 ORMOND BEACH, FL 32173-0565 ORMOND BEACH, FL 32173-0565 ORMOND BEACH, FL 32173-0565 2. Principal Place of Business Sule, April 4, stoc. Sulfe, April 4, etc. Sulfe, April 4, etc. Sulfe, April 4, etc. Sulfe, April 4, etc. Principal Place of Business Sulfe, April 4, etc. Sulfe, April 4, etc. Sulfe, April 4, etc. Principal Place of Business Sulfe, April 4, etc. Sulfe, April 4, etc. Sulfe, April 4, etc. Principal Place of Business Sulfe, April 4, etc. Principal Place of Sulfe, Additional Place Place Principal Place of Sulfe, Additional Place Principal Place	DOCUMENT # N0300005914 1. Entity Name OAK COVE VILLAS HOMEOWNERS ASSOCIATON, INC. Principal Place of Business Mailing Address					01-09-2004 90069 024		
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite S	1450 N US-1 STE 500 1450 N US-1 STE 500			173-0565			18/81 ((8)/ 8/3)	
City & State Country Country Country Country Country Country Country City & Country City & State City &	2. Principal Place of Business 3.		3. Mailing Address					
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-NP CR2E037	(10/03)		
Carricate of Status Diseased Fee Required	City & State		City & State					
KOREY, ROBERT K ESQ 595 WEST GRANADA BLVD STE A ORMOND BEACH, FL 32174-9448 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 Florids. I am familiar with, and accept the obligations of registered agent. \$INTER TOWN 1, 2004 Spaulute, typed to person ramed infragration agent and life if applicable. (I/OTE Registered Agent agents or touth which remistring) DATE	Zip		·	Country		Fe	e Required	
Street Address (P.O. Box Number is Not Acceptable) 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, and the state of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING Pee Is \$61.25 Due by May 1, 2004 9. Election Campsign Francing Trust Fund Contribution. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VANACORE, SCOTT SIRET ADDRESS FINITE ADDRESS CITY-S1-2P TITLE VANACORE, TODD 10. ORMOND BEACH, FL 321730565 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VANACORE, SCOTT VANACORE, SCOTT VANACORE, TODD 10. ORMOND BEACH, FL 321730565 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VANACORE, SCOTT VANACORE, SC		6. Name and Address of Current Reg	istered Agent	Name		7. Name and Address of New Registered Age	ent	
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. SIGNATURE Synaura, howd or prince reside of agent and site if applicable. 0x0TE. Registered Agent agreed when remission; DATE	595 WEST GRANADA BLVD STE A							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam tamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, hyadro princed main of registered agent and life if applicable. (NOTE Registered Agent signature required when reinfallating) DATE FILIT OF In S 661.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. DO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VANACORE, SCOTT 1450 N US-1 STE 500 ORMOND BEACH, FL 321730565 TITLE DO ORMOND BEACH, FL 321730565 TITLE VANACORE, TODD SITERIFATORIESS OITY-ST-2P TITLE ORMOND SEACH, FL 321730565 TITLE ORMOND BEACH, FL 321730565 TITLE ORMOND BEAC				City		FI I	Zip Code) •
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12. Thereby certify that the information supplied with this filling does not qualify the exemptor state of infection of the components of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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