

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90017 032 \*\*\*\*61.25

<b>DOCUMENT # N03000006839</b> 1. Entity Name <b>FRANCIS COVE THREE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1671 FRANCIS AVENUE ATLANTIC BEACH, FL 32233</b>			Mailing Address <b>1671 FRANCIS AVENUE ATLANTIC BEACH, FL 32233</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-1184555</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BALL, HAYWOOD M 50 NORTH LAURA STREET STE 2925 JACKSONVILLE, FL 32202</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BORDERS, EDWIN</b> <b>1494 EAST BLUE HERON LANE</b> <b>JACKSONVILLE BEACH, FL 32250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Patrick Cronin</b> <b>1854 Forsyth Court</b> <b>Atlantic Bch, FL 32233</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LAMM, MARY-PARKER</b> <b>10328 LOBLOLLY LANE SOUTH</b> <b>JACKSONVILLE, 32246</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Christine Overstreet</b> <b>1853 Forsyth Court</b> <b>Atlantic Bch, FL 32233</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARCELLO, RALPH</b> <b>152 WATER OAK DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Candace McHe</b> <b>1845 Forsyth Court</b> <b>Atlantic Bch, FL 32233</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CANDER, GAIL</b> <b>1846 FORSYTH COURT</b> <b>ATLANTIC BEACH, FL 32233</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Darlene Bowens</b> <b>1849 Forsyth Court</b> <b>Atlantic Beach, FL 32233</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>LITTLE, JNANE</b> <b>1859 FORSYTH COURT</b> <b>ATLANTIC BEACH, FL 32233</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DAVIS, TARA</b> <b>1848 FORSYTH COURT</b> <b>ATLANTIC BEACH, FL 32233</b>		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> <i>Darlene Bowens</i> <b>Darlene Bowens - T</b> <b>3/28/06</b> <b>904270-8989</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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