2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90054 014 ****61.25

DOCUMENT # N03000006839

1. Entity Name
FRANCIS COVE THREE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1671 FRANCIS AVENUE ATLANTIC BEACH, FL 32233	1671 FRANCIS AVENUE ATLANTIC BEACH, FL 32233

4U10000-

04162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1184555 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALL, HAYWOOD M 50 NORTH LAURA STREET STE 2925 JACKSONVILLE, FL 32202	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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORDERS, EDWIN 1494 EAST BLUE HERON LANE JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Candace Mehc 1845 Forsyth Court Atlantic Bch, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OVERSTREET, CHRISTINE 1853 FORSYTH CT ATLANTIC BEACH, FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Angela Bakoski 1852 Forsyth court Atlantic Bch, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCELLO, RALPH 152 WATER OAK DRIVE PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Cindy Grindle 1840 Forsyth court Atlantic Beach, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOWENS, DARLENE 1849 FORSYTH CT ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Presiacnt Durlene Bowens 1849 Forsyth ct Atlantic Beach, Fl. 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRONIN, PATRICK 1854 FORSYTH CT ATLANTIC BEACH, FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOWENS, DARLENE 1849 FORSYTH CT ATLANTIC BEACH, FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Durlene Bowens/Darlene Bowens 9042708489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #