

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90355 036 ****61.25

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1. Entity Name
BULAH'S COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4178 APALACHEE PARKWAY
TALLAHASSEE, FL 32311**

Mailing Address
**4178 APALACHEE PARKWAY
TALLAHASSEE, FL 32311**



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-4573240

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETRANDIS, JOHNNY G II
4178 APALACHEE PARKWAY
TALLAHASSEE, FL 32311**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETRANDIS, JOHNNY G II 4178 APALACHEE PARKWAY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD PETRANDIS, GEROGE N 4178 APALACHEE PARKWAY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRANDIS, KRISTINA 4178 APALACHEE PARKWAY TALLAHASSEE, FL 32311
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #