2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000008952

Title:

Title:

Name:

Address:

City-St-Zip:

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City-St-Zip:

TI FILED
Sep 02, 2005
Secretary of State

Entity Name: LONDON COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3348 EDGEWATER DRIVE 6767 N. WICKHAM RD ORLANDO, FL 32804 SUITE 500 MELBOURNE, FL 32940 **Current Mailing Address:** New Mailing Address: 3348 EDGEWATER DRIVE 6767 N. WICKHAM RD SUITE 500 ORLANDO, FL 32804 MELBOURNE, FL 32940 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, RONALD N HARKNESS, KAREN ESQ 3348 EDGWATER DRIVE 6767 N. WICKHAM RD ORLANDO, FL 32804 SUITE 500 MELBOURNE, FL 32940 US 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: KAREN HARKNESS 09/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SCHWARTZ, RONALD N BUESCHER, KEITH Name: Name: 3348 EDGWATER DRIVE Address: 6767 N. WICKHAM RD., SUITE 500 Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: MELBOURNE, FL 32940 Title: Title: (X) Change () Addition () Delete SCHULER, LAWRENCE Name: BARNAVON, BO Name: Address: 3348 EDGWATER DRIVE Address: 6767 N. WICKHAM RD., SUITE 500 City-St-Zip: ORLANDO, FL 32804 City-St-Zip: MELBOURNE, FL 32940 Title: () Delete Title: (X) Change () Addition BOELTER, MADELYN MITCHELL, KENNETH Name: Name: 3348 EDGWATER DRIVE Address: Address: 6767 N. WICKHAM RD., SUITE 500 City-St-Zip: ORLANDO, FL 32804 City-St-Zip: MELBOURNE, FL 32940 Title: () Delete Title: DV () Change (X) Addition BARIN, DAVID Name: Name: 6767 N. WICKHAM RD., SUITE 500 Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

DV

GOVE, JACK

() Change (X) Addition

() Change (X) Addition

6767 N. WICKHAM RD., SUITE 500

6767 N. WICKHAM RD., SUITE 500 MELBOURNE, FL 32940

MELBOURNE, FL 32940

CURLES, THOMAS

SIGNATURE: KENNETH MITCHELL P 09/02/2005

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() Delete