

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 27, 2007**  
**Secretary of State**

DOCUMENT# N05000005526

**Entity Name:** BROWARD COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**330 CROSSING BLVD.  
SUITE 200  
ORANGE PARK, FL 32073**New Principal Place of Business:****Current Mailing Address:**C/O COMPLETE ASSOC. MGMT  
POB 65908  
ORANGE PARK, FL 32065**New Mailing Address:****FEI Number:** 20-4547421**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ENSELL, KURT A  
%COMPLETE ASSOCIATION MANAGEMENT, INC.  
2455 CAMPHORWOOD CT.  
ORANGE PARK, FL 32065 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** SPIEGEL, JOHN  
**Address:** 330 CROSSING BLVD. SUITE 200  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** V ( ) Delete  
**Name:** MORGANTI, ROBERT  
**Address:** 330 CROSSING BLVD. SUITE 200  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** ST ( ) Delete  
**Name:** LIMA, CINDY  
**Address:** 330 CROSSING BLVD. SUITE 200  
**City-St-Zip:** ORANGE PARK, FL 32065**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** MORGANTI, ROBERT  
**Address:** 330 CROSSING BLVD. SUITE 200  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** V (X) Change ( ) Addition  
**Name:** BEALLE, KEVIN  
**Address:** 330 CROSSING BLVD. SUITE 200  
**City-St-Zip:** ORANGE PARK, FL 32073**Title:** ST (X) Change ( ) Addition  
**Name:** LIMA, CYNTHIA  
**Address:** 330 CROSSING BLVD. SUITE 200  
**City-St-Zip:** ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CYNTHIA LIMA

ST

03/27/2007

Electronic Signature of Signing Officer or Director

Date