


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

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

07-31-2006 90007 002 \*\*\*\*70.00

**DOCUMENT # N05000010226**

1. Entity Name  
**HOLDEN COVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1 DRENNEN ROAD**  
**ORLANDO, FL 32806**

Mailing Address  
**1 DRENNEN ROAD**  
**ORLANDO, FL 32806**

**50023649**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

07052006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-3575542**

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        |  |           |  |
|---|--|--|--|--|--|-----------|--|
| <b>STUART, JEFFREY E</b><br><b>1 DRENNEN ROAD</b><br><b>ORLANDO, FL 32806</b> |  |  |  | Name   |  |           |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |           |  |
|   |  |  |  | City   |  | <b>FL</b> |  |

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 September 6, 2006**

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                      | <b>P</b>                 | <input type="checkbox"/> Delete            |  | TITLE   | <b>Director</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>STUART, JEFFREY E</b> |  |  | NAME  |                 |  |  |
| STREET ADDRESS             | <b>1 DRENNEN ROAD</b>    |  |  | STREET ADDRESS  |                 |  |  |
| CITY-ST-ZIP                | <b>ORLANDO, FL 32806</b> |  |  | CITY-ST-ZIP   |                 |  |  |
| TITLE                      | <b>VP</b>                | <input type="checkbox"/> Delete            |  | TITLE   | <b>Trustee</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>NALL, M. CARLENE</b>  |  |  | NAME  |                 |  |  |
| STREET ADDRESS             | <b>1 DRENNEN ROAD</b>    |  |  | STREET ADDRESS  |                 |  |  |
| CITY-ST-ZIP                | <b>ORLANDO, FL 32806</b> |  |  | CITY-ST-ZIP   |                 |  |  |
| TITLE                      | <b>S</b>                 | <input checked="" type="checkbox"/> Delete |  | TITLE   |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>STUART, JEFFREY E</b> |  |  | NAME  |                 |  |  |
| STREET ADDRESS             | <b>1 DRENNEN ROAD</b>    |  |  | STREET ADDRESS  |                 |  |  |
| CITY-ST-ZIP                | <b>ORLANDO, FL 32806</b> |  |  | CITY-ST-ZIP   |                 |  |  |
| TITLE                      | <b>T</b>                 | <input type="checkbox"/> Delete            |  | TITLE   | <b>Trustee</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>STUART, PHYLLIS</b>   |  |  | NAME  |                 |  |  |
| STREET ADDRESS             | <b>1 DRENNEN ROAD</b>    |  |  | STREET ADDRESS  |                 |  |  |
| CITY-ST-ZIP                | <b>ORLANDO, FL 32806</b> |  |  | CITY-ST-ZIP   |                 |  |  |
| TITLE                      |                          | <input type="checkbox"/> Delete            |  | TITLE   |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                          |  |  | NAME  |                 |  |  |
| STREET ADDRESS             |                          |  |  | STREET ADDRESS  |                 |  |  |
| CITY-ST-ZIP                |                          |  |  | CITY-ST-ZIP   |                 |  |  |
| TITLE                      |                          | <input type="checkbox"/> Delete            |  | TITLE   |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                          |  |  | NAME  |                 |  |  |
| STREET ADDRESS             |                          |  |  | STREET ADDRESS  |                 |  |  |
| CITY-ST-ZIP                |                          |  |  | 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.

SIGNATURE: Phyllis Stuart Phyllis Stuart Trustee 7-18-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #