


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010226 1. Entity Name HOLDEN COVE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1 DRENNEN ROAD ORLANDO, FL 32806	Mailing Address 1 DRENNEN ROAD ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE

01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3575542	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STUART, JEFFREY E 1 DRENNEN ROAD ORLANDO, FL 32806

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, JEFFREY E 1 DRENNEN ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NALL, M. CARLENE 1 DRENNEN ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STUART, PHYLLIS 1 DRENNEN ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/25/07-80043-008 70.00

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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: Phyllis Stuart Phyllis Stuart - Trustee 1-19-2007 407 859-3436

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