


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 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

01082008 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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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: NO CHANGE DATE: _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STUART, JEFFREY E
STREET ADDRESS	1 DRENNEN ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	TR
NAME	NALL, M. CARLENE
STREET ADDRESS	1 DRENNEN ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	TR
NAME	STUART, PHYLLIS
STREET ADDRESS	1 DRENNEN ROAD
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000323508
05/18/08-80033-014 70.00

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: JEFFREY E. STUART / 23/08 407-859-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JEFFREY E. STUART Director Date: _____ Daytime Phone #: _____