

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 30, 2009  
Secretary of State**

DOCUMENT# N05000010226

Entity Name: HOLDEN COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1 DRENNEN ROAD  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1 DRENNEN ROAD  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 20-3575542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STUART, JEFFREY E  
1 DRENNEN ROAD  
ORLANDO, FL 32806      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: STUART, JEFFREY E  
Address: 1 DRENNEN ROAD  
City-St-Zip: ORLANDO, FL 32806

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR      ( ) Delete  
Name: NALL, M. CARLENE  
Address: 1 DRENNEN ROAD  
City-St-Zip: ORLANDO, FL 32806

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR      ( ) Delete  
Name: STUART, PHYLLIS  
Address: 1 DRENNEN ROAD  
City-St-Zip: ORLANDO, FL 32806

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: M CARLENE NALL

TR

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date