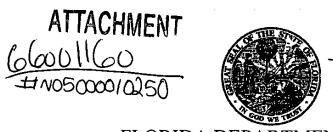
2006 NOT-FOR-PROFIT CORPORA/IJON **ANNUAL REPORT**

FILED Feb 10, 2006 8:00 am Secretary of State 01-17-2006 90243 009 ****61.25 <u>66001160</u> Chg-NP CR2E037 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required Zip Code DATE Make check payable to Florida Department of State Change ☐ Addition ☐ Chance ☐ Addition Change Addition ■ Addition

DOCUMENT # N05000010250

MONTCLAIR COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address PO BOX 1261 2708 ALT 19 N SUITE 507-6 DUNEDIN, FL 34697 PALM HARBOR, FL 34683 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 City & State 4. FEI Number City & State 20-4251919 Zip Country Zio Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEAU. PHILIPPE -Street Address (P.O. Box Number is Not Acceptable) 2708 ALT 19 N SUITE 507-6 PALM HARBOR, FL 34683 City 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 tile if epoticable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. DST Delete ITILE TITLE BEAU, ANDRE NAME MALLE STREET ADDRESS 2708 ALT 19 N SUITE 507-6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR, FL 34683 DP TITLE ☐ Delete TITLE BEAU, PHILIPPE 2708 ALT 19 N SUITE 507-6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY+ST-7IP ☐ Defete TTLE TITLE NAME BEAU, JEREMY MANUF 2708 ALT 19 N SUITE 507-6 STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34683 CITY-ST- ZIP CITY-ST-ZIP ☐ Delete m) F TITLE NAME NAME STREET ADDRESS STREET ADORESS CATY-ST-ZP CITY-ST-ZIP Ti Chance ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate nn e ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 igdress, jith all other like empowered. 01/13/06 (727) 4093465 SIGNATURE: PED-ON PRINTED NAME OF BICHING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2006

MONTCLAIR COVE HOMEOWNERS ASSOCIATION, INC. PO BOX 1261 DUNEDIN, FL 34697

Subject: MONTCLAIR COVE HOMEOWNERS ASSOCIATION, INC.

Reférence Number:

N05000010250

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj ANNUAL REPORTS SECTION