

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90074 044 ****61.25

DOCUMENT # N06000008331

1. Entity Name
REDFISH COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708**

Mailing Address
**1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708**



03072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3227392

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLASSIC PROPERTY MANAGEMENT GROUP INC.
1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708**

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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

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DONATO, DOMINICK
955 KELLER ROAD STE 1500
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PRIOR, TOM
955 KELLER ROAD STE 1500
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BERRYHILL, BILL
955 KELLER ROAD STE 1500
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SMITH, JEFF S
1170 TREE SWALLOW DRIVE
WINTER SPRINGS, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Smith / **JEFF SMITH**

3/7/08 **407 948-0594**