

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008397

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: FLETCHERS COVE IMPROVEMENT INC.

## Current Principal Place of Business:

4 N BULOVA DR  
APOPKA, FL 32703

## New Principal Place of Business:

1523 FAIRCLOTH COURT  
APOPKA, FL 32703

## Current Mailing Address:

4 N BULOVA DR  
APOPKA, FL 32703

## New Mailing Address:

1523 FAIRCLOTH COURT  
APOPKA, FL 32703

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRAZIER, PAUL  
4 N BULOVA DR  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

LYNCH, BETH  
1523 FAIRCLOTH COURT  
APOPKA, FL 32703 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: BETH LYNCH

04/23/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FRAZIER, PAUL  
Address: 4 N BULOVA DR  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: COOK, KRISTI  
Address: 8 N BULOVA DR  
City-St-Zip: APOPKA, FL 32703

Title: AS ( ) Delete  
Name: LYNCH, BETH  
Address: 1523 FAIRCLOTH CT  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: FRAZIER, STARR  
Address: 4 N BULOVA DR  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: COOK, JOSHUA  
Address: 8 N BULOVA DR  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: SCOTT, CHARLES  
Address: 1500 FAIRCLOTH CT  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BETH LYNCH

SEC

04/23/2008

Electronic Signature of Signing Officer or Director

Date