

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90015 026 \*\*\*\*61.25

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01172008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N07000008494</b> 1. Entity Name PILLARS COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1216 BOWMAN STREET CLERMONT, FL 34711			Mailing Address 1216 BOWMAN STREET CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 1312 Bowman Street Suite, Apt. #, etc.		3. Mailing Address 1312 Bowman Street Suite, Apt. #, etc.			
City & State Clermont, FL Zip 34711 Country U.S.A		City & State Clermont, FL Zip 34711 Country U.S.A		4. FEI Number 26-0832128 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BOUTROS, FOUAD 1216 BOWMAN STREET CLERMONT, FL 34711	
7. Name and Address of New Registered Agent Name BOUTROS, FOUAD Street Address (P.O. Box Number is Not Acceptable) 1312 Bowman Street City Clermont FL Zip Code 34711				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 <i>Fouad Boutros</i> DATE Feb-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTROS, FOUAD 1216 BOWMAN STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTROS, FOUAD 1312 Bowman Street Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTROS, DIANE 1216 BOWMAN STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTROS, DIANE 1312 Bowman Street Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUEIHI, LILY 1216 BOWMAN STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTROS, LILY 1312 Bowman Street Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Fouad Boutros</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Feb-4-08 352394 1032		