2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N0700008 COVE HOMEOWNERS AS				2-07-2008 9001:	5 026 ****6	1.25	
Principal Plac 1216 BOWM, CLERMONT, I	AN STREET	Mailing Address 1216 BOWMAN STREET CLERMONT, FL 34711		40019				
2 Bringing D	long of Business . No D.O. Boy #	2 Mailing Address						
1312 Bowman Street 1			1312 BOWMAN Street		BDIA BBIIL EBIIL BBIA BBIIL BBI	U		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01172008 Ct	ng-NP CR2	E037 (12/06)		
City & State	nort, FL	Clermont,	FL	4. FEI Number 26 - 0	832128		oplied For	
Zip -3471	Country U.S. A	Zip 34711	Country U.S. A	5. Certificate of St		\$8.75 Add Fee Required	litional d	
-	6. Name and Address of Current I				ress of New Register	<u> </u>		
BOUTROS, FOUAD				BOUTROS, FOUAD				
1216 BOWMAN STREET CLERMONT, FL 34711			Street Aug	Street Address (P.Q. Box Number is Not Acceptable)				
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			City	ermont	F	L Zip Cod	<u>اا ا آ</u>	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or n	· · · · · · · · · · · · · · · · · · ·	the State of Florida. 1:	am familiar with,	_	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)	DAT	E		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		eck payable to partment of St		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Campa Trust Fund Con	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG		DIRECTORS IN	tate I 10	
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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:

SIGNATURE:

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SIGNATURE: Formation SIGNATURE AND TYPE