

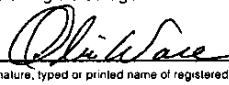
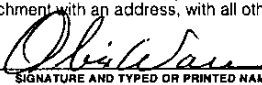


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90473 009 ****61.25

DOCUMENT # N11927 1. Entity Name SMUGGLERS COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1767 W SMUGGLERS COVE DR GULF BREEZE, FL 32561 US			Mailing Address P.O. BOX 5924 NAVARRE, FL 32566 US		
2. Principal Place of Business 1771 W SMUGGLERS COVE DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State GULF BREEZE FL		City & State City, State		4. FEI Number 59-3062024	
Zip 32563		Country SAINT ROSA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OFFENBORN, HANS P 1767 W SMUGGLERS COVE DR GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name OBIE WARE Street Address (P.O. Box Number is Not Acceptable) 1771 SMUGGLERS COVE DR City GULF BREEZE FL Zip Code 32563	
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  4-29-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, MANUEL 1646 SMUGGLERS COVE CIRCLE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OBIE WARE 1771 SMUGGLERS COVE DR GULF BREEZE FL - 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OFFENBORN, ELAINE 1767 W SMUGGLERS COVE DR. GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PAUL JENKINS 1713 SMUGGLERS COVE CIRCLE GULF BREEZE FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFENBORN, HANS 1767 W SMUGGLERS COVE DR GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. DIANA MILLER 1709 SMUGGLERS COVE CIRCLE GULF BREEZE FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKER, JOHN 8102 NAVARRE PKWY NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. SARA BIBEAU 1711 W SMUGGLERS COVE DR GULF BREEZE FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOT ARMS SCOT ETTER 1625 E. SMUGGLERS COVE DR GULF BREEZE FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-29-05 850 939 5091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					