

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90381 026 ****61.25

DOCUMENT # N11927

1. Entity Name
SMUGGLERS COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1771 W SMUGGLERS COVE DR
GULF BREEZE, FL 32563 US**

Mailing Address
**P.O. BOX 5924
NAVARRE, FL 32566 US**

40000



2. Principal Place of Business
1634 SMUGGLERS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1634 SMUGGLERS CIRCLE
Suite, Apt. #, etc.

02282006 Chg-NP CR2E037 (11/05)

City & State
GULF BREEZE FL
Zip Country
32563 SANTA ROSA

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Zip Country
32563 SANTA ROSA

4. FEI Number
59-3062024
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WARE, OBIE
1771 W SMUGGLERS COVE DR
GULF BREEZE, FL 32563**

7. Name and Address of New Registered Agent
Name **PAUL JENKINS, PRES.**
Street Address (P.O. Box Number is Not Acceptable)
1629 SMUGGLERS CIRCLE
City **GULF BREEZE** FL **32563** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

12 APR 06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P WARE, OBIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1771 W SMUGGLERS COVE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	V JENKINS, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1713 SMUGGLERS COVE CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	T MILLER, DIANA	<input type="checkbox"/> Delete
STREET ADDRESS	1709 W SMUGGLERS COVE CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	S BIBERU, SARAH	<input type="checkbox"/> Delete
STREET ADDRESS	1711 E SMUGGLERS COVE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	S ETTER, SCOTT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1625 E SMUGGLERS COVE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P JENKINS, PAUL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1629 SMUGGLERS CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	V MILLER, DIANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1625 SMUGGLERS CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	T TOOD, SHANNON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1701 W SMUGGLERS COVE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	S SUSAN GORCZYCA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1703 W SMUGGLERS COVE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME	D BIBEAU, SARAH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1700 E SMUGGLERS COVE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

12 APR 06 850 240 1891

Date

Daytime Phone #