FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13466 (0)

1. Corporation Name

HOWELL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HAL KIME 3501 PREMIER DR CASSELBERRY FL 32707 US	MCNAIR C/O MCNAIR, DIANA 3568 JERICHO DR CASSELBERRY FL 32707 US

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business — 21: 3568 JERICHO DR.
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23: CASSELBERRY, FL
City & State — 28:

Zip — 24: 32707
Country — 25: SEMINOLE
Zip — 29:
Country — 30:

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☒ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOLMOVICH, ROBERT
3504 SEAFORD LANE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VICE PRESIDENT	☒ Change ☒ Addition
NAME	SCOBEY, JIM		1.2 NAME	HAROLD SHOEMAKER	
STREET ADDRESS	3528 PREMIER DRIVE		1.3 STREET ADDRESS	3528 SEAFORD LN.	
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCNAIR, DIANA		2.2 NAME		
STREET ADDRESS	3568 JERICHO DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, STEVE		3.2 NAME		
STREET ADDRESS	3513 SEAFORD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOLMOVICH, BOB		4.2 NAME		
STREET ADDRESS	3504 SEAFORD LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	POPE, MICHAEL T		5.2 NAME	POPE, MICHAEL T.	
STREET ADDRESS	3529 PREMIER DRIVE		5.3 STREET ADDRESS	3529 PREMIER DR.	
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP	CASSELBERRY, FL.	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCOBEY, JIM		6.2 NAME		
STREET ADDRESS	3528 PREMIER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diana D. McNair — 4/6/96 — 407-695-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIANA D. MCNAIR