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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
3568 JERICHO DR 3501 PREMIER DR CASSELBERRY FL 32707 US	3568 JERICHO DR C/O MCNAIR, DIANA CASSELBERRY FL 32707-6213 US

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business — 21: 3529 PREMIER DRIVE
2a. Mailing Address — 26:
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State: CASSELBERRY, FL
28: City & State
24: Zip: 32707 — 25: Country: USA
29: Zip — 30: Country

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: MICHAEL T. POPE
82 Street Address (P.O. Box Number is Not Acceptable): 3529 PREMIER DRIVE
83:
84 City: CASSELBERRY **FL** 85 Zip Code: 32707

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: Michael Todd Pope — 3-7-97
Signature of, Typed or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAROLD SHOEMAKER		1.2 NAME		
STREET ADDRESS	3528 SEAFORD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP		
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	LAHR, GLENIS	
STREET ADDRESS	3513 SEAFORD LANE		3.3 STREET ADDRESS	1 JERICHO DRIVE	
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
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	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POPE, MICHAEL T		5.2 NAME		
STREET ADDRESS	3529 PREMIER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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, DIANA D. MCNAIR 3/16/97 407-644-1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012856