FILE NOW: FILING FEE IS $61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
3529 PREMIER DR CASSELBERRY FL 32707 US	3568 JERICHO DR C/O MCNAIR, DIANA CASSELBERRY FL 32707 US

3. Date Incorporated or Qualified: 02/18/1986

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

2. Principal Place of Business	2a. Mailing Address
21 3528 Seaford Lane	26 3513 Seaford Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Casselberry, FL	28 Casselberry, FL
24 Zip 32707-6013 25 Country US	29 Zip 32707-6012 30 Country US

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POPE, MICHAEL T
3529 PREMIER DR
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: Harold Shoemaker
82 Street Address (P.O. Box Number is Not Acceptable): 3528 Seaford Lane
83
84 City: Casselberry FL 85 Zip Code: 32707-6013

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: Harold Shoemaker — 3/13/98
Signature, 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	P/D	☒ Change ☐ Addition
NAME	HAROLD SHOEMAKER		1.2 NAME	Harold Shoemaker	
STREET ADDRESS	3528 SEAFORD LANE		1.3 STREET ADDRESS	3528 Seaford Lane	
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	Casselberry FL 32707-6013	
TITLE	T	☒ DELETE	2.1 TITLE	~~V/D~~ V/D	☒ Change ☒ Addition
NAME	MCNAIR, DIANA		2.2 NAME	Lisa DiConsiglio	
STREET ADDRESS	3568 JERICHO DR		2.3 STREET ADDRESS	3604 Jericho Drive	
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP	Casselberry FL 32707-6204	
TITLE	SD	☒ DELETE	3.1 TITLE	~~S/D~~ S/D	☒ Change ☒ Addition
NAME	LAHR, GLENIS		3.2 NAME	Joseph Theobald	
STREET ADDRESS	JERICHO DR		3.3 STREET ADDRESS	3516 Deerfield Road	
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP	Casselberry FL 32707-6004	
TITLE	PD	☒ DELETE	4.1 TITLE	T/D	☒ Change ☒ Addition
NAME	POPE, MICHAEL T		4.2 NAME	Stephen J. Ziegler	
STREET ADDRESS	3529 PREMIER DRIVE		4.3 STREET ADDRESS	3513 Seaford Lane	
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP	Casselberry FL 32707-6012	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (10/97)

14. 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 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: Stephen J. Ziegler — 3/13/98 — (407) 356-3530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #