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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13466**

1. Corporation Name
HOWELL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3528 SEAFORD LANE CASSELBERRY FL 32707-013 US	3513 SEAFORD LANE CASSELBERRY FL 32707-012 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/18/1986

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

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

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

9. Name and Address of Current Registered Agent

SHOEMAKER, HAROLD
3528 SEAFORD LANE
CASSELBERRY FL 32707-6013

10. Name and Address of New Registered Agent

81 Name: Stephen J. Ziegler
82 Street Address (P.O. Box Number is Not Acceptable): 3513 Seaford Lane
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: Stephen J. Ziegler — 4/27/1999
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	PD	☐ 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 32707-6013		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DI CONSIGLIO, LISA		2.2 NAME		
STREET ADDRESS	3604 DEERFIELD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707-6004		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THEOBALD, JOSEPH		3.2 NAME		
STREET ADDRESS	3516 DEERFILED ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707-6004		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, STEPHEN J		4.2 NAME		
STREET ADDRESS	3513 SEAFORD LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707-6012		4.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: Stephen J. Ziegler **SIGNATURE REQUIRED** — 4/27/1999 — 407 333-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)