

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N17717

1. Entity Name
HAND'S COVE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**112 HANDS COVE LANE
SHALIMAR, FL 32579**

Mailing Address
**112 HANDS COVE LANE
SHALIMAR, FL 32579**



03042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2958087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KESSLER, SIEGFRIED F.
25 WALTER MARTIN ROAD
FT. WALTON BEACH, FL 32548**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WEBER, RICHARD
STREET ADDRESS	109 HANDS COVE LANE
CITY- ST- ZIP	SHALIMAR, FL
TITLE	PD
NAME	TUCKER, ROGER
STREET ADDRESS	112 HANDS COVE LANE
CITY- ST- ZIP	SHALIMAR, FL
TITLE	VD
NAME	LILJEDAHN, WEYMER
STREET ADDRESS	105 HANDS COVE LANE
CITY- ST- ZIP	SHALIMAR, FL
TITLE	D
NAME	BLUMER, PHIL
STREET ADDRESS	108 HANDS COVE LANE
CITY- ST- ZIP	SHALIMAR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/11/05-80036-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard Weber* **Richard Weber**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05 **850-882-7045**