


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17717</b> 1. Entity Name <b>HAND'S COVE OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>112 HANDS COVE LANE SHALIMAR, FL 32579</b>	Mailing Address <b>112 HANDS COVE LANE SHALIMAR, FL 32579</b>
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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2958087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>KESSLER, SIEGFRIED F. 25 WALTER MARTIN ROAD FT. WALTON BEACH, FL 32548</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

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

000000440637  
03/03/06-80003-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/13/06 850-651-8898  
Date Daytime Phone #