


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2958087		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reissuing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: WEBER, RICHARD STREET ADDRESS: 109 HANDS COVE LANE CITY-ST-ZIP: SHALIMAR FL	<input type="checkbox"/> Delete	T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: TUCKER, ROGER STREET ADDRESS: 112 HANDS COVE LANE CITY-ST-ZIP: SHALIMAR FL	<input type="checkbox"/> Delete	T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: LILJEDAHN, WEYMER STREET ADDRESS: 105 HANDS COVE LANE CITY-ST-ZIP: SHALIMAR FL	<input type="checkbox"/> Delete	T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BLUMER, PHIL STREET ADDRESS: 108 HANDS COVE LANE CITY-ST-ZIP: SHALIMAR FL	<input type="checkbox"/> Delete	T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	T NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 3/19/07 850-882-7045