

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
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**



01302008 No Chg-NP CR2E037 (4/06)

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**

**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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000834373
02/28/08-80050-022 61.25

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 LILJEDAH, 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	

**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**

2/18/08

850-651-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #