

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20340 (8)

1. Corporation Name

FINN'S COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O EPMS
165 W STATE RD 434
WINTER SPRINGS FL 32708
US

C/O EPMS
P.O. BOX 950455
LAKE MARY FL 32795-0455
US

3. Date Incorporated or Qualified **04/27/1987** 3a. Date of Last Report **03/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2012220	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENERGY PROPERTY MGMT SVCS
165 W. SR 434
WINTER SPRINGS FL 32708**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 *Anne H. Russell* **Anne H. Russell**, Pres, Energy Prop. mgmt SVCS **2/23/96**
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	TD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MANNY	12 NAME	
STREET ADDRESS	837 RIVER BOAT CIR	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANO, LEONARD	22 NAME	Nichols, Pat
STREET ADDRESS	821 RIVER BOAT CR.	23 STREET ADDRESS	764 River Boat Circle
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32828
TITLE	SD <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYNUM, ROBERT	32 NAME	Parzych, Maideen
STREET ADDRESS	893 RIVER BOAT CIR	33 STREET ADDRESS	756 River Boat Circle
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32828
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAKOBSON, FRED	42 NAME	
STREET ADDRESS	889 RIVER BOAT CR.	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT-BABICH, MICHELLE	52 NAME	Bennett, Michelle
STREET ADDRESS	807 RIVER BOAT CIR	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-18-96** Daytime Phone # **382-6853**

CR2E037 (12/95)