

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90140 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20340**

1. Corporation Name  
**FINN'S COVE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business C/O EPMS 165 W STATE RD 434 WINTER SPRINGS FL 32708 US	Mailing Address C/O EPMS P.O. BOX 950455 LAKE MARY FL 32795-0455 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/27/1987
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number 59-2912229
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ENERGY PROPERTY MGMT SVCS 165 W. SR 434 WINTER SPRINGS FL 32708	10. Name and Address of New Registered Agent 81 Name EPM Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 165 W. SR 434 83 84 City Winter Springs FL 85 Zip Code 32708
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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 Ann H. Russell Pres. EPM Services DATE 3/15/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE S /D	<input checked="" 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 SD	<input type="checkbox"/> DELETE	21 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLS, PAT		22 NAME	
STREET ADDRESS 764 RIVER BOAR CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		24 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARZYCH, MAIDEEN		32 NAME	
STREET ADDRESS 756 RIVER BOAT CIRCLE		33 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		34 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	41 TITLE P /D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PENTECOST, BRUCE		42 NAME Pentecost, Carol	
STREET ADDRESS 838 RIVER BOAT CIRCLE		43 STREET ADDRESS 838 River Boat Circle	
CITY-ST-ZIP ORLANDO FL 32828		44 CITY-ST-ZIP Orlando, FL 32828	
TITLE TD	<input checked="" type="checkbox"/> DELETE	51 TITLE D /T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABBOTT, DAVID		52 NAME McRae, John	
STREET ADDRESS 12611 COUNTRY MEADOW COURT		53 STREET ADDRESS 886 Brookmeadow Court	
CITY-ST-ZIP ORLANDO FL		54 CITY-ST-ZIP Orlando, FL 32828	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Carol A. Pentecost Date 8 Mar 99 Daytime Phone # 407 3275824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)