

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 045 ****61.25

DOCUMENT # N33516

1. Entity Name

PALM COVE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**842 PALM COVE DR
ORLANDO FL 32835
US**

Mailing Address

**C/O LIGHTHOUSE MGMT
PO BOX 0774
WINDERMERE FL 34786-0774
US**



2. Principal Place of Business - No P.O. Box #

1176 PALM COVE DR,

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3225659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**WEAN, PAUL L.
WEAN & MALCHOW, P.A.
646 E. COLONIAL DR
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW - FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WITHINGTON, ANDREA 842 PALM COVE DR ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINNIE, DAVE 806 PALM COVE DR ORLANDO FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENTLEY, ANITA 836 ISLAND PALM DR ORLANDO FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRITS, FERDI 1176 PALM COVE DR. ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, RICK 831 PALM COVE DR ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUES, JOSE 1111 LAKE LERGO CT ORLANDO FL 32835	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S PLUSKONKA, ED 8492 ISLAND PALM CIRCLE ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYRUS, CECIL 8635 SUGAR PALM CT ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANLEY, CHRIS ALEXANDER 1043 PALM COVE DR ORLANDO, FL 32835	☐ Change ☒ 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:

[Signature]

F.J. REITS

2/1/08

407 719 6063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR