2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N36031** 03-14-2006 90022 033 ****61.25 TRADER'S COVE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 132 SHER LANE 132 SHER LANE DEBARY, FL 32713 DEBARY, FL 32713 2. Principal Place of Business 132 Sher 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 Chg-NP CR2E037 (11/05) Pelan 4. FEI Number 59-2993224 City & State Applied For Not Applicable ^z32113 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jack Starr WALSH, MICHAEL C Street Address (P.D. Box Number is/Not Acceptable) 123 SHER LANE. DEBARY, FL 32713 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 reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition LOTZ, ELAINE NAME NAME STREET ADDRESS 126 SHER LN STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TITLE Delete TITLE **X** Addition NAME WALSH, MICHAEL C NAME Admiral Ln. STREET ADDRESS 123 SHER LANE STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition SEEBACHER, AL NAME NAME 216 RIVERDALE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TITLE **Addition** 🗖 Delete HAIGH, JOYCE NAME NAME STREET ADDRESS 212 SHER LANE STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

Mar 14, 2006 8:00 am

Daytime Phone #

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.

3-9-06

386-668-6835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: