

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90243 014 \*\*\*\*61.25

DOCUMENT # 2036192 ✓  
1. Entity Name  
TRANQUILITY COVE HOMEOWNERS ASSOCIATION, INC

30421

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>96 Sandra McDonald</u>		3. Mailing Address <u>96 Sandra McDonald</u>	
Suite, Apt. #, etc. <u>24301 Milford Drive</u>		Suite, Apt. #, etc. <u>24301 Milford Drive</u>	
City & State <u>Eustis Florida</u>		City & State <u>Eustis Florida</u>	
Zip <u>32736</u>	Country <u>U.S.A</u>	Zip <u>32736</u>	Country <u>U.S.A</u>

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4. FEI Number <u>59-3084651</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Sandra McDonald</u>
Street Address (P.O. Box Number is Not Acceptable) <u>24301 Milford Drive</u>
City <u>Eustis</u> FL Zip Code <u>32736</u>

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.

SIGNATURE Sandra McDonald Sandra McDonald, Secretary/Treasurer 4/24/2002  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President/D Larry Adkins 206 Tranquility Cove Altamonte Springs, FL 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Secretary/Treasurer/D Sandra McDonald 24301 Milford Drive Eustis, FL 32736</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Trevor Hall Jr./D 622 E. Washington St. #300 Orlando, FL 32801-2966</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra McDonald 4/24/2002 352-589-5454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)