


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90017 039 \*\*\*\*61.25

**DOCUMENT # N36192.**

1. Entity Name  
 TRANQUILITY COVE HOMEOWNERS ASSOCIATION, INC.



4401J604



Principal Place of Business  
 201 TRANQUILITY COVE #220  
 %SANDRA MCDONALD  
 ALTAMONTE SPRINGS, FL 32701

Mailing Address  
 201 TRANQUILITY COVE #220  
 %SANDRA MCDONALD  
 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business  
 205 Tranquility Cove

3. Mailing Address  
 205 Tranquility Cove

Suite, Apt. #, etc.  
 % Anna Boling

Suite, Apt. #, etc.  
 % Anna Boling

02252004 Chg-NP CR2E037 (10/03)

City & State  
 Altamonte Springs FL

City & State  
 Altamonte Springs FL

Zip  
 32701

Country  
 U.S.A.

Zip  
 32701

Country  
 U.S.A.

4. FEI Number  
 59-3084651

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MC DONALD, PETER  
 201 TRANQUILITY COVE #220  
 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name Adkins, Larry

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

City Altamonte Springs **FL** Zip Code 32701

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] x 2-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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 MC DONALD, PETER 201 TRANQUILITY COVE #220 ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MC DONALD, SANDRA 201 TRANQUILITY COVE #220 ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADKINS, LARRY 206 TRANQUILITY COVE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Boling, Roderic 205 Tranquility Cove Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Secretary / Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Boling, Anna 205 Tranquility Cove Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Larry Adkins x 2-28-04 407 2606068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #