

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36192

FILED
Jan 17, 2005
Secretary of State

Entity Name: TRANQUILITY COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

205 TRANQUILITY COVE
% ANNA BOLING
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

205 TRANQUILITY COVE
% ANNA BOLING
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3084651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, LARRY
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

BOLING, ANNA A
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

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: ANNA AUGUST BOLING

01/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BOLING, RODERIC
Address: 205 TRAQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DST () Delete
Name: BOLING, ANNA
Address: 205 TRANQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: ADKINS, LARRY
Address: 206 TRANQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA AUGUST BOLING

DST

01/17/2005

Electronic Signature of Signing Officer or Director

Date