
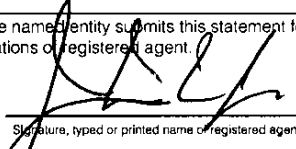
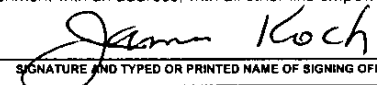


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90020 005 \*\*\*\*61.25

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT # N37576</b><br>1. Entity Name<br><b>NATURES COVE OF HIGHLAND LAKES HOMEOWNERS ASSOCIATION, INC.</b>   |  |   |   |  |   |
| Principal Place of Business<br><b>%FIRST CHOICE ASSOCIATION MANAGEMENT, INC.</b><br><b>4174 WOODLANDS PKWY</b><br><b>PALM HARBOR, FL 34685 US</b>  |  |   | Mailing Address<br><b>%FIRST CHOICE ASSOCIATION MANAGEMENT, INC.</b><br><b>4174 WOODLANDS PKWY</b><br><b>PALM HARBOR, FL 34685 US</b>       |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |   |
| 4. FEI Number<br><b>59-3038744</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75 Additional Fee Required</b>   |   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><b>FIRST CHOICE ASSOCIATION MANAGEMENT, INC.</b><br><b>4174 WOODLANDS PKWY</b><br><b>PALM HARBOR, FL 34685</b>   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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  DATE <b>3/7/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to Florida Department of State</b>   |  |   |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>BRADLEE, MERRILL<br>3335 BIRKDALE LANE<br>PALM HARBOR, FL 34684 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Irene Brookes<br>3540 Birkdale Lane<br>Palm Harbor, FL 34684      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>VOLPE, VIOLA<br>3530 BIRKDALE LANE<br>PALM HARBOR, FL 34684       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ORELLI, PHILLIP<br>3546 BIRKDALE LANE<br>PALM HARBOR, FL 34684   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>COCCOR, MICHAEL<br>3537 BIRKDALE LANE<br>PALM HARBOR, FL 34684   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>KOCH, JAMES<br>3542 BIRKDALE LANE<br>PALM HARBOR, FL 34684       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |   |   |   |
| <b>SIGNATURE:</b>  <b>3-6-07</b> <b>727-772-9799</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |   |   |

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