

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39202

FILED
May 01, 2006
Secretary of State

Entity Name: ACADEMY COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

365 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

New Principal Place of Business:

365 WEKIVA SPRINGS ROAD
STE 101 A
LONGWOOD, FL 32779

Current Mailing Address:

365 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

New Mailing Address:

365 WEKIVA SPRINGS ROAD
STE 101 A
LONGWOOD, FL 32779

FEI Number: 59-3136138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAHAM, MARCETTA S
365 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GRAHAM, MARCETTA S
365 WEKIVA SPRINGS ROAD
STE 101 A
LONGWOOD, FL 32779 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: MARCETTA GRAHAM

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAHAM, MAYO W.,
Address: 385 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: GRAHAM, MARCETTA S.,
Address: 385 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: GRAHAM, BARRY M.,
Address: 385 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRAHAM, MARCETTA,
Address: 365 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: GRAHAM, MARCETTA S.,
Address: 365 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: GRAHAM, BARRY M.,
Address: 365 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARCETTA GRAHAM

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date