

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39202

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



Principal Place of Business
365 WEKIVA SPRINGS ROAD
STE 101 A
LONGWOOD, FL 32779

Mailing Address
365 WEKIVA SPRINGS ROAD
STE 101 A
LONGWOOD, FL 32779

FILED

07 MAY -3 PM 12:57

DEPT. OF STATE
TALLAHASSEE, FLORIDA



04132007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3136138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, MARCETTA
STREET ADDRESS	365 WEKIVA SPRINGS RD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	GRAHAM, MARCETTA S.
STREET ADDRESS	365 WEKIVA SPRINGS RD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	GRAHAM, BARRY M.
STREET ADDRESS	365 WEKIVA SPRINGS RD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5/5/11

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IN THIS SPACE**

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.

SIGNATURE:

Marcetta Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-07

Date

407-869-1577

Daytime Phone #