

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39202

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

126 VARSITY CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

202 VARSITY CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 161634  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

**FEI Number:** 59-3136138      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANE, KAREN  
126 VARSITY CIRCLE  
ALTAMONTE SPRINGS, FL 32714      US

**Name and Address of New Registered Agent:**

MCDERMOTT, ROBERT  
202 VARSITY CIRCLE  
ALTAMONTE SPRINGS, FL 32714      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: ROBERT MCDERMOTT

04/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDERMOTT, ROBERT  
Address: 202 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP  
Name: NEWMAN, BILL  
Address: 182 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TR  
Name: AEBILI, JACQUES  
Address: 127 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: ROBERT MCDERMOTT

P

04/18/2012

Electronic Signature of Signing Officer or Director

Date