


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90126 027 \*\*\*\*61.25

<b>DOCUMENT # N47001</b>	
1. Entity Name <b>MILLER'S COVE HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>PO BOX 194 GOLDENROD, FL 32733 US</b>	Mailing Address <b>PO BOX 194 GOLDENROD, FL 32733 US</b>
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**40033548**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3143641</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ADDISON, CHRISTOPHER 8357 AMBER OAK DR. ORLANDO, FL 32817</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing 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>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARCEAU, ELAINE			NAME	Christopher Addison		
STREET ADDRESS	8332 AMBER OAK DR.			STREET ADDRESS	8357 Amber Oak Dr.		
CITY-ST-ZIP	ORLANDO, FL 32817			CITY-ST-ZIP	Orlando, FL 32817		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	V. President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOLTON, MELANIE			NAME	Michael Stackfleth		
STREET ADDRESS	8309 AMBER OAK DR			STREET ADDRESS	8335 Amber Oak Dr		
CITY-ST-ZIP	ORLANDO, FL 32817			CITY-ST-ZIP	Orlando, FL 32817		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, KEVIN			NAME	Kevin Ryan		
STREET ADDRESS	8514 AMBER OAK DR			STREET ADDRESS	8514 Amber Oak Dr		
CITY-ST-ZIP	ORLANDO, FL 32817			CITY-ST-ZIP	Orlando, FL 32817		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	V. President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YERKES, MARK			NAME	Drew Weisner		
STREET ADDRESS	4616 MATTIE CT			STREET ADDRESS	8500 Amber Oak Dr		
CITY-ST-ZIP	ORLANDO, FL 32817			CITY-ST-ZIP	Orlando, FL 32817		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBINSON, JIM			NAME	Bob Wright		
STREET ADDRESS	8308 AMBER OAK DR			STREET ADDRESS	8349 Amber Oak Dr		
CITY-ST-ZIP	ORLANDO, FL 32817			CITY-ST-ZIP	Orlando, FL 32817		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** *Christopher Addison* **2-25-06 407-671-8019**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #