


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90402 040 ****61.25

DOCUMENT # N47072 1. Entity Name MARINA COVE HOMEOWNERS ASSOCIATION AT THE VILLAGE OF HIGHLANDS RIDGE, INC.					
Principal Place of Business 2863 S DOCKSIDE DR AVON PARK, FL 33825 US			Mailing Address 2863 S DOCKSIDE DR AVON PARK, FL 33825 US		
2. Principal Place of Business 2904 E. FAIRWAY VISTA DR Suite, Apt. #, etc.		3. Mailing Address 2904 E. FAIRWAY VISTA DR Suite, Apt. #, etc.			
City & State AVON PARK FL		City & State AVON PARK FL		4. FEI Number 65-0321051	
Zip 33825		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLING, LEE JAY 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAULANE, WILLIAM 2947 E. FAIRWAY VISTA DRIVE AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEITH ABBEY 2904 E. WATERVIEW DR AVON PARK FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEAUPARLANT, HANK 2895 S. DOCKSIDE DR. AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAN PRICKETT 2860 S. DRIFTWOOD CT AVON PARK FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HART, DIANE 2863 DOCKSIDE DR AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENDA SCULTON 2904 E FAIRWAY VISTA DR AVON PARK FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMITT, FRANCIS 2745 E. WATERVIEW DR. AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTHA SEKELY 2883 S. DOCKSIDE DR AVON PARK FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONKLIN, AL 2784 WATERVIEW DR AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE HAVILAND 2901 E FAIRWAY VISTA DR AVON PARK FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK KONRAD 2801 S DRIFTWOOD CT AVON PARK FL 33825	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u>Keith L. Abbey</u> March 20, 06 (943) 385-8689					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ADDITIONAL DIRECTORS

ATTACHMENT

D

CORA THOMPSON
3804 S. DRIFTWOOD CT
AVON PARK, FL 33825

5000818J
#N47072

D

JOAN HOPKINS
3881 S. DRIFTWOOD CT
AVON PARK, FL 33825

D

NANCY RUBLE
2869 S. SPINNAKER DR
AVON PARK, FL 33825