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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49467 (6)

1. Corporation Name

COUNTRY COVE HOMEOWNERS ASSOCIATION, INC. (BREVA RD COUNTY)

Principal Place of Business	Mailing Address
103 SIGNATURE DR MELBOURNE BEACH FL 32951 US	P O BOX 51-0845 MELBOURNE BEACH FL 32951-0845 US

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1600 Country Cove Cir.
22: Suite, Apt. #, etc.
23: City & State: MALABAR Florida
24: Zip: 32950
25: Country: US

2a. Mailing Address
26: P.O. Box 500607
27: Suite, Apt. #, etc.
28: City & State: MALABAR, Florida
29: Zip: 32950
30: Country: US

4. FEI Number: 59-3121445 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

[redacted]
[redacted]R
[redacted]951

10. Name and Address of New Registered Agent

81 Name: IVAN CASTRILLO
82 Street Address (P.O. Box Number is Not Acceptable): 1653 Country Cove Cir.
83:
84 City: MALABAR FL 85 Zip Code: 32950

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Ivan F. Castrillo 1/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☒ DELETE	1.1 TITLE	SP	☒ Change ☐ Addition
NAME	[redacted]		1.2 NAME	IVAN CASTRILLO	
STREET ADDRESS	[redacted]		1.3 STREET ADDRESS	1653 COUNTRY COVE CIR.	
CITY-ST-ZIP	[redacted]FL		1.4 CITY-ST-ZIP	MALABAR FLORIDA 32950	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	[redacted]		2.2 NAME	BOB ROSSMAN	
STREET ADDRESS	[redacted]		2.3 STREET ADDRESS	1655 COUNTRY COVE CIR.	
CITY-ST-ZIP	[redacted]		2.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~BEAUDRY, DAVID~~		3.2 NAME	MARY PRESLEY	
STREET ADDRESS	~~1100 BAYWOOD CT~~		3.3 STREET ADDRESS	1315 OAK HARBOUR CIR.	
CITY-ST-ZIP	~~MALABAR FL 32905~~		3.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
TITLE		☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME			4.2 NAME	THANYA RATANUW	
STREET ADDRESS			4.3 STREET ADDRESS	1310 OAK HARBOUR LANE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	800002092398	☐ Change ☐ Addition
NAME			6.2 NAME	-02/19/97--01081--056	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

[signature] Ivan F. Castrillo 1/28/97