2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49467

FILED Feb 16, 2004 Secretary of State

Entity Name: COUNTRY COVE HOMEOWNERS ASSOCIATION, INC. (BREVARD COUNTY)

Current Principal Place of Business: New Principal Place of Business:

1600 COUNTRY COVE CIRCLE MALABAR, FL 32950

Current Mailing Address: New Mailing Address:

P O BOX 500607

MALABAR, FL 32950 US

FEI Number: 59-3121445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BUCHWEITZ, MARK JARVI, BRADLEY R

1608 SUNNY BROOK LANE N.E. 1608 SUNNY BROOK LANE N.E.

#107 #107

PALM BAY, FL 32905 US PALM BAY, FL 32905 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: BRADLEY R. JARVI 02/16/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD (X) Change () Addition () Delete

DEZMAN, PATRICIA DEZMAN, PATRICIA Name: Name: 1670 COUNTRY COVE CIRCLE Address: 1670 COUNTRY COVE CIRCLE Address:

MALABAR, FL 32950 MALABAR, FL 32950 City-St-Zip: City-St-Zip:

Title: VD () Delete Title: (X) Change () Addition

Name: SOKOLOF, LAURA Name: WOLLARD, ALAN Address: 1707 COUNTRY COVE CIRCLE Address:

1623 COUNTRY COVE CIRCLE MALABAR, FL 32950

City-St-Zip: MALABAR, FL 32950 City-St-Zip:

Title: SDTD () Delete Title: SDTD (X) Change () Addition MERRICK, RICHARD MISNER, KIM Name: Name:

1737 COUNTRY COVE CIRCLE Address: 1110 BAYWOOD CT. Address:

City-St-Zip: MALABAR, FL 32950 City-St-Zip: MALABAR, FL 32950

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN WOLLARD VD 02/16/2004