

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N51192 (5)
1. Corporation Name
HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.

Principal Place of Business

1633 MEYERS COVE DR.
TARPON SPRINGS FL 34689

Mailing Address

1633 MEYERS COVE DR.
TARPON SPRINGS FL 34689



3. Date Incorporated or Qualified
10/07/1992

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
00-0000000

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

10. Name and Address of New Registered Agent

MORRIS, JAMIE D
1633 MEYERS COVE DR.
TARPON SPRINGS FL 34689

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 PD
NAME BLACK, JIM ☐ DELETE
STREET ADDRESS 1793 MEYERS COVE DR.
CITY-ST-ZIP TARPON SPRINGS FL 34689

1.1 TITLE PD
1.2 NAME Jon, Wilson ☒ Change ☐ Addition
1.3 STREET ADDRESS 1749 Meyers Cove Dr
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VPD
NAME FRIST, BOB ☒ DELETE
STREET ADDRESS 1748 MEYERS COVE DR.
CITY-ST-ZIP TARPON SPRINGS FL 34689

2.1 TITLE VPD
2.2 NAME Jim, Black ☒ Change ☐ Addition
2.3 STREET ADDRESS 1793 Meyers Cove Dr.
2.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE STD
NAME MORRIS, JAMIE ☐ DELETE
STREET ADDRESS 1633 MEYERS COVE DR.
CITY-ST-ZIP TARPON SPRINGS FL 34689

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 200001737552
4.4 CITY-ST-ZIP -03/08/96--01100--002
***70.00

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)