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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
P.O. BOX 2192 TARPON SPRINGS FL 34688-2192	P.O. BOX 2192 TARPON SPRINGS FL 34688-2192

3. Date Incorporated or Qualified: 10/07/1992
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: NOT APPLICABLE ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: Nancy Troio
82 Street Address (P.O. Box Number is Not Acceptable): 1727 Meyers Cove Drive
83
84 City: Tarpon Springs **FL** 85 Zip Code: 34689

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: Nancy J. Troio — 1/19/97
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	VPD	☒ DELETE	1.1 TITLE	President (P/D)	☒ Change ☐ Addition
NAME	BLACK, JIM		1.2 NAME	Michael Pisetelli	
STREET ADDRESS	1793 MEYERS COVE DR.		1.3 STREET ADDRESS	1771 Meyers Cove Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	PD	☒ DELETE	2.1 TITLE	Vice President (V/D)	☒ Change ☐ Addition
NAME	WILSON, JON		2.2 NAME	Matthew Troio	
STREET ADDRESS	1749 MEYERS COVE DR.		2.3 STREET ADDRESS	1727 Meyers Cove Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	STD	☒ DELETE	3.1 TITLE	Secretary/Treasurer (S/T/D)	☒ Change ☐ Addition
NAME	MORRIS, JAMIE		3.2 NAME	Nancy Troio	
STREET ADDRESS	1633 MEYERS COVE DR.		3.3 STREET ADDRESS	1727 Meyers Cove Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Nancy J. Troio — (REQUIRED) Nancy J. Troio — 1/19/97 — 813-937-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068926