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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.

Principal Place of Business	Ма	iling Address				ESER STOL WINE: NINET RINIT OTHER NINTE WENT 1981	
P.O. BOX 2192	P.O.	. BOX 2192			3. Date Incorporated or Qualifie	ad	
TARPON SPRINGS FL 34688-2192		TARPON SPRINGS FL 34688-2192		10/07/1992			
					4. FEI Number	Applied For	
					59-3180794	Not Applicable	
2. Principal Place of Business	2a.	Mailing Address			5. Certificate of Status Desired	\$8.75 Additional	
21	26				5. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing			
City & State		City & State		Trust Fund Contribution	Added to Fees		
23		28		7. Is this nonprofit corporation a	Yes No		
		Zip	Country		P. This corporation owes or has	paid the current year Intangible	
24 25	29		10		Personal Property Tax due Ji		
	Address of Current Regist	ered Agent			10. Name and Address of New	Registered Agent	
		•	81	Name	unce Trans		
MORRIS, JAMIE D			82 3	Street Addre	Jancy Troj o dress (P.D. Box Number is Not Acceptable)		
1633 MEYERS COVE DI	રે.		. ,	172	4 MEYERS COVE OL.		
TARPON SPRINGS FL 3	4589		83		•		
			84 (Cib		85 Zip Code	
)ans	m springs	FL 39689	
 Pursuant to the provisions of office or registered agent, of 	f Sections 617.0502 and 61 r both, in the State of Florid	7.1508, Florida Statutes a. Such change was au	s, the above-r thorized by th	named corp ne corporati	oration submits this statement for tr on's board of directors. I hereby ac	ne purpose of changing its registered ccept the appointment as registered	
agent. I am familiar with, an	d accept the obligations of,	Section 617,0503, Flori	ida Statutes.	·			
SIGNATURE	d name of registered agent and little if	Nan Nan	cy Troi	<u>o Sec</u>	retary/freasurer ed when reinstating)	1/9/98	
12.	OFFICERS AND DIRECT		13.	aigi iature require		FICERS AND DIRECTORS IN 12	
TITLE VPD	<u></u>	DELETE	1,1 TITLE	1	······································	Change 🕁 Addition	
		المساد الم	1, 6 11144	1120	}	🏥 Change 🖳 Addition	
NAME BLACK, JIM		A	1.2 NAME	PE		· ·- 1 Change 13 Audition	
NAME BLACK, JIM STREET ADDRESS 1793 MEYER	S COVE DR.	A seem			Troio, Matthew	1.) Gradige 132 Addition	
STREET ADDRESS 1793 MEYER	S COVE DR. RINGS FL 34689	, ,	1.2 NAME	DRESS 17	Troio, Matthew 27 Meyers Cove Dr.	34689	
STREET ADDRESS 1793 MEYER	-	DETELE	1.2 NAME 1.3 STREET AD	DDRESS 17	Troio, M atthew 27 Meyers Cove Dr. rpon Springs, FL		
STREET ADDRESS 1793 MEYER CITY-ST-ZIP TARPON SPI	RINGS FL 34689	, ,	1.2 NAME 1.3 STREET AD 1.4 CITY - ST - 2	DDRESS 17	Troio, M atthew 27 Meyers Cove Dr. rpon Springs, FL D	34689	
STREET ADDRESS 1793 MEYER CITY-ST-ZIP TARPON SP! TITLE PD NAME WILSON, JO! STREET ADDRESS 1749 MEYER	N S COVE DR.	, ,	1.2 NAME 1.3 STREET AD 1.4 City - St-2 2.1 Title	DDRESS 17 ZIP Ta	Troio, M atthew 27 Meyers Cove Dr. rpon Springs, FL D nes, Ken	34689	
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SIGNATURE:

14. Thereby certify that the information supplied with this filing does not qualify for the endicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address.

1/9/98

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 617, Florida Statutes; and that my name appears in

813-937-3222

FILED

Jan 22 1998 8:00am

Secretary of State