2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State
06-03-2005 90003 041 ****61.25

DOCUMENT # N51192

1. Entity Name
HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.

50053310

Principal Place of Business	Mailing Address
P.O. BOX 2192 TARPON SPRINGS, FL 34688-2192	P.O. BOX 2192 TARPON SPRINGS, FL 34688-2192

02262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3180794 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, RICHARD 1633 MEYERS COVE DRIVE TARPON SPRINGS, FL 34689	Name: MATTHEWS, LISA Street Address (P.O. Box Number is Not Acceptable): 1705 MEYERS COVE DRIVE City: TARPON SPRINGS **FL** Zip Code: 34689

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lisa G. Matthews LISA G. MATTHEWS, TREASURER 5/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRIST, BOB 1748 MEYERS COVER DR. TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YEOMANS, GREG 1669 MEYERS COVE DR. TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TROIO, MATT 1727 MEYERS COVE DR. TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MATTHEWS, LISA 1705 MEYERS COVE DR. TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARVEY, DAVE 2324 RESERVE COURT LAND O LAKES, FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, RICHARD 1633 MEYERS COVE DR TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VESTAS, EMMANUEL 1793 MEYERS COVE DR. TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNLAP, DAVID 1670 MEYERS COVE DR. TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Matthews LISA MATTHEWS 5/26/05 (727)420-5949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #