2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# N51192

Entity Name: HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.

Current Principal Place of Business:

%JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

%JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-3180794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BURNS, ROBERT
Address: 1616 MEYERS COVE DR
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: STD
Name: MATTHEWS, LISA
Address: 1705 MEYERS COVE DR
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D
Name: TROIO, MATT
Address: 1727 MEYERS COVE DR.
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D
Name: MENENDEZ, SHEILA
Address: 1634 MEYERS COVE DR.
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D
Name: CHRYSAKIS, PHIL
Address: 1615 MEYERS COVE DR
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT BURNS PD 04/12/2012

Electronic Signature of Signing Officer or Director — Date