

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N51250</b>	
1. Entity Name <b>FINN'S COVE II HOMEOWNERS ASSOCIATION, INC.</b>	
Principal Place of Business <b>PO BOX 780247 ORLANDO, FL 32878-0247 US</b>	Mailing Address <b>PO BOX 780247 ORLANDO, FL 32878-0247 US</b>



01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3187323</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KILGO, CARLA 545 HALLOWELL CIRCLE ORLANDO, FL 32828</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable.

**Filing Fee is \$81.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, TERRY 807 JULLIARD COURT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAZ, RONALD 822 HAVENWOOD DRIVE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFEY, JOHN 803 HALLOWELL CIR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILGO, CARLA 545 HALLOWELL CIR. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCHOS, KATHI 827 HALLOWELL CIR. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000804902  
02/05/08-80086-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Carla J. Kilgo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/08*  
Date

Daytime Phone #