

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51250

FILED
Jan 22, 2009
Secretary of State

Entity Name: FINN'S COVE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 780247
ORLANDO, FL 328780247 US

New Principal Place of Business:

545 HALLOWELL CIRCLE
ORLANDO, FL 32828 US

Current Mailing Address:

PO BOX 780247
ORLANDO, FL 328780247 US

New Mailing Address:

FEI Number: 59-3187323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KILGO, CARLA
545 HALLOWELL CIRCLE
ORLANDO, FL 32828 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: TD () Delete
Name: TAYLOR, TERRY
Address: 807 JULLIARD COURT
City-St-Zip: ORLANDO, FL 32828

Title: SD () Delete
Name: BRAZ, RONALD
Address: 822 HAVENWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: COFFEY, JOHN
Address: 803 HALLOWELL CIR
City-St-Zip: ORLANDO, FL 32828

Title: PD () Delete
Name: KILGO, CARLA
Address: 545 HALLOWELL CIR.
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: MOSCHOS, KATHI
Address: 827 HALLOWELL CIR.
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT SELTZER

MSI

01/22/2009

Electronic Signature of Signing Officer or Director

Date