

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51250

FILED
Jan 30, 2010
Secretary of State

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

Current Principal Place of Business:

545 HALLOWELL CIRCLE
ORLANDO, FL 32828 US

New Principal Place of Business:

3906 WOODGLADE COVE
WINTER PARK, FL 32792 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:

SELTZER, ROBERT
3906 WOODGLADE COVE
WINTER PARK, FL 32792 US

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: ROBERT SELTZER

01/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: TAYLOR, TERRY
Address: 807 JULLIARD COURT
City-St-Zip: ORLANDO, FL 32828

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

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

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

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

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: CARLA KILGO

PD

01/30/2010

Electronic Signature of Signing Officer or Director

Date