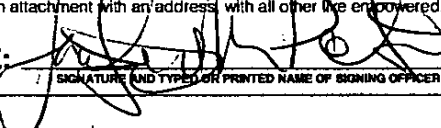


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90033 050 ****61.25

DOCUMENT # N93000004731 1. Entity Name SOUTH TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 542423 MERRITT ISLAND, FL 32952 US 32954			Mailing Address P.O. BOX 542423 MERRITT ISLAND, FL 32952 US 32954		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONSER, BRENDA 3180 CRESENCT BEACH CT. MERRITT ISLAND, FL 32952				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 title if applicable.					
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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	PALIN, DOUGLAS		NAME	PALIN, JENIFER	
STREET ADDRESS	1100 TROPICAL COVE DR.		STREET ADDRESS	1100 TROPICAL COVE DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VPD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	SENN, BERNIE		NAME	ANDIE SHARPE	
STREET ADDRESS	3132 PEACEFUL ISLE CT.		STREET ADDRESS	3142 LOST LAGOON CT.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	GONSER, BRENDA		NAME	CAROL SHANE	
STREET ADDRESS	3180 CRESCENT BEACH CT.		STREET ADDRESS	1220 TROPICAL COVE DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	THOMAS, PEARL		NAME	NANCY CROWLEY	
STREET ADDRESS	1260 TROPICAL COVE DR.		STREET ADDRESS	1160 TROPICAL COVE DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 line empowered.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jenifer M. Palin		
			Date 1-21-05 Daytime Phone # 321-795-8836		