

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90464 007 ****70.00

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1. Entity Name

PLEASANT COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1675 OCEANA DRIVE

MERRITT ISLAND FL 32952

Mailing Address

1675 OCEANA DRIVE

MERRITT ISLAND FL 32952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2393945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICKLES, TIMOTHY ESQ
3490 N US HIGHWAY 1 NORTH
COCOA FL 32926

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

| | | |
|----------------|-------------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | STEWART, ALLEN E | |
| STREET ADDRESS | 1675 OCEANA DR #9 | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32452 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | BOD | <input type="checkbox"/> Delete |
| NAME | MCCLURE, MARYANN | |
| STREET ADDRESS | 1675 OCEANA DRIVE, #3 | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | TURNEY, TEM | |
| STREET ADDRESS | 1675 OCEANA DR., #7 | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, LARRY | |
| STREET ADDRESS | BOARD OF DIRECTOR , 1675 OCEANA DR #2 | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32902 | |

| | | |
|----------------|-------------------|--|
| TITLE | BOD | <input checked="" type="checkbox"/> Delete |
| NAME | ZUBEY, STELLA | |
| STREET ADDRESS | 1675 OCEANA DR #8 | |
| CITY-ST-ZIP | MERRITT ISLAND FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WANDA HALL | |
| STREET ADDRESS | 1675 OCEANA DR. #4 | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | |

| | | |
|----------------|-----|--|
| TITLE | S/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAROL VOYTKO | |
| STREET ADDRESS | 1675 OCEANA DR. #6 | |
| CITY-ST-ZIP | MERRITT ISLAND, FL. 32952 | |

| | | |
|----------------|---|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOAN HORTON | |
| STREET ADDRESS | 1675 OCEANA DR. #18 | |
| CITY-ST-ZIP | MERRITT ISLAND, FL. 32952 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.