## FILED Apr 30, 2008 8:00 am Secretary of State

| 2008 | NOT-FOR-PROFIT CORPORATION | Į |
|------|----------------------------|---|
|      | ANNUAL REPORT              |   |

| 1. Entity Nam  | MENT # N97000000<br>BURY COVE HOMEOWNE                       |  | 04-30-2008 90151 038 ****61.25        |                                |  |                                |  |  |  |
|--|--|--|---------------------------------------|--------------------------------|--|--------------------------------|--|--|--|
| Principal Place of Business<br>200 N DENNING DR.<br>STE 2<br>WINTER PARK, FL 32789 US  |  | Mailing Address 200 N DENNING DR. STE 2 WINTER PARK, FL 32789 US |                                       | dig in gard                    | *  |                                |  |  |  |
| 2. Principal Place of Business - No P.O. Box#  |  | 3. Mailing Address   |                                       |                                |  |                                |  |  |  |
| 1122 Ayrshire STRUCT<br>Suite, Apt. #, etc.  |  | 1/22 AYRSI+IRE STROP<br>Suite, Apt. #, etc.                      |                                       | 04000000                       | -NP CR2E037                                | (12/06)                        |  |  |  |
| City & State ONLANDO, FL   |  | City & State ORLANDO, FL   |                                       | 4. FEI Number 59-3425591       |  | Applied For<br>Not Applicable  |  |  |  |
| zip<br>3280  | Country USA  | Zip<br>32803   | Country<br>U.S.A                      | 5. Certificate of Star         | Fe   | 8.75 Additional<br>se Required |  |  |  |
| 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CAREY, JUDI A  200 N DENNING DR. #2  WINTER PARK, FL 32789  Street Address (P.O. Box Number is Not Acceptable)  1/22 Ayrshire STREET  City CRLANDO FL Zip Code 3 1803  |  |  |                                       |                                |  |                                |  |  |  |
| 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 a       | · · · · · · · · · · · · · · · · · · ·                            | E: Registered Agent signature requi   | red when reinstating)          | DATE                                       |                                |  |  |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2008                  | 9. Election Car<br>Trust Fund (                                  | mpaign Financing<br>Contribution.     | \$5.00 May Be<br>Added to Fees | Make check <sub> </sub><br>Florida Departn |                                |  |  |  |
| 10.  | OFFICERS AND DIF   |  | 11.                                   | ADDITIONS/CHANGE               | S TO OFFICERS AND DIRE                     |                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | LYONS, DAVIS<br>2167 EOLA STREET<br>OVIEDO, FL 32765         | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                | Į.   | Change [] Addition             |  |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  | D<br>DEVITO, HARRY<br>2151 EOLA COURT<br>OVIEDO, FL 32765    | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                | [  | ] Change                       |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>EDWARDS, RALPH<br>2159 EOLA COURT<br>OVIEDO, FL 32765  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                | [  | Change Addition                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | SD<br>MELTON, MELISSA<br>2159 EOLA COURT<br>OVIEDO, FL 32765 | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                | [  | Change 🗀 Addition              |  |  |  |
| FITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DEAN, SUSAN<br>2143 EOLA COURT<br>OVIEDO, FL 32765      | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                | [  | Change Addition                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TTILE NAME STREET ADDRESS CITY-SI-ZIP |                                | [  | Change Addition                |  |  |  |
| 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 cath; 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: Sich (are JUD) (AREY 4/28/68 4/07-898-1672  SIGNATURE: SIGNATURE MALE OF SIGNING OFFICER OR DIRECTOR  Daytone Phone 8  Daytone Phone 8  |  |  |                                       |                                |  |                                |  |  |  |