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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003868 (3)

1. Corporation Name
CABBOTT'S COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
309 ORANGE STREET LADY LAKE FL 32159	309 ORANGE STREET LADY LAKE FL 32159

3. Date Incorporated or Qualified: 07/07/1997

4. FEI Number: 59-3514867 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 499 North S.R. 434
Suite, Apt. #, etc.: Suite 2149
City & State: Altamonte Springs,
Zip: 32714 Country: Seminole

2a. Mailing Address: 499 North S.R. 434
Suite, Apt. #, etc.: Suite 2149
City & State: Altamonte Springs
Zip: 32714 Country: Seminole

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PALUMBO, JOHN
309 ORANGE STREET
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name: John Palumbo
82 Street Address (P.O. Box Number is Not Acceptable): 499 North S.R. 434, Suite 2149
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John Palumbo (JOHN PALUMBO) 4-28-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PALUMBO, JOHN		1.2 NAME	PALUMBO, JOHN	
STREET ADDRESS	309 ORANGE STREET		1.3 STREET ADDRESS	499 North S.R. 434, Suite 2149	
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MOORE, JON A SR		2.2 NAME	YARKO, George A.	
STREET ADDRESS	309 ORANGE STREET		2.3 STREET ADDRESS	4815 Bass Point Road	
CITY-ST-ZIP	LADY LAKE FL 32159		2.4 CITY-ST-ZIP	Orlando, FL 32820	
TITLE	STD	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MOORE, JON A JR		3.2 NAME	DIEHL, Mark W.	
STREET ADDRESS	309 ORANGE STREET		3.3 STREET ADDRESS	4815 Bass Point Road	
CITY-ST-ZIP	LADY LAKE FL 32159		3.4 CITY-ST-ZIP	Orlando, FL 32820	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Palumbo (JOHN PALUMBO) 4-28-98