2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # N9800000069 ET COVE HOMEOWNERS' A	0	3-15-2007 90023	3 034 ****61	.25			
Principal Place of Business **LANDMARK MANAGEMENT SERVICES 1941 NW 150TH AVENUE PEMBROKE PINES, FL 33025 **Mailing Address** **LANDMARK MANAGEMENT SERVICES 1941 NW 150TH AVENUE PEMBROKE PINES, FL 33025				<u>4</u>				
Principal Place of Business - No P.O. Box # 3. Mailing Address United Community Management Suite Ant # etc.					02132007 Chg-NP CR2E037 (12/06)			
City & Stat	Shrings F	City & State		4. FEI Number 65-102446		App	lied For	
3300	Springs, FC	,	Country	5. Certificate of St	· ·	\$8.75 Addit	Applicable ional	
6. Name and Address of Current Registered Agent				7 Name and Add	7. Name and Address of New Registered Agent			
		. I - a A	-d / 1 Mana					
BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY Speed Address (I				rss (P.O. Box Number is 1		unuger	116111	
V VESTOIN	WESTON, FL 33328							
Paral Springs FL Zing Pacs								
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.								
tours to the 12 min 11 stod on me 1 21-100								
SIGNATURE TO SIgnature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstalling) Out of the Registered Agent signature required when reinstalling)								
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution		Make check payable to Florida Department of State			
10.		Trust Fund Contri	ibution \square	\$5.00 May Be Added to Fees			te	
	OFFICERS AND DIRECT		11.	Added to Fees ADDITIONS/CHANG	Florida Dej	partment of Sta		
TITLE	PD	TORS Delete	11. Pr	Added to Fees ADDITIONS/CHANG	Florida Del	partment of Sta		
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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 oath; that I arn 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 charged, or on an attachment with an address, with a property of the empowered.

STREET ADDRESS

STREET ADDRESS

CITY ST ZIP

CITY - ST - ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

PENATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/27/07

(305)632-1921

☐ Change

☐ Addition

Daytime Phone #