

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51192

Entity Name: HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.

Current Principal Place of Business:

%JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767

Current Mailing Address:

%JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE, SUITE F
CLEARWATER, FL 33767 US

FEI Number: 59-3180794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE
SUITE F
CLEARWATER, FL 33767 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BURNS, ROBERT
Address 1616 MEYERS COVE DR
City-State-Zip: TARPON SPRINGS FL 34689

Title STD
Name MATTHEWS, LISA
Address 1705 MEYERS COVE DR
City-State-Zip: TARPON SPRINGS FL 34689

Title D
Name TROIO, MATT
Address 1727 MEYERS COVE DR.
City-State-Zip: TARPON SPRINGS FL 34689

Title D
Name WILLIAMS, RICH
Address 1633 MEYERS COVE DR.
City-State-Zip: TARPON SPRINGS FL 34689

Title D
Name CHRYSAKIS, PHIL
Address 1615 MEYERS COVE DR
City-State-Zip: TARPON SPRINGS FL 34689

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BURNS

PRESIDENT

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date