## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # 720071  1. Entity Name EAST COVE COMMUNITY CLUB, INC.								03-18-		_	042 ****	
Principal Place of Business Mailing Address EAST COVE COMMUNITY CLUB, INC. 10145 E BASS CIRCLE C/O HERB FULLER INVERNESS, FL 34450 INVERNESS, FL 34450												
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03052005	Chg-NP	1	CR2E03	7 (10/03)	
City & State			City & State				4. FEI Numbe NOT AP	PLICABLE	<del></del>		<del></del>	oplied For
Zip	Country		Zip Co		ıntry	5. Certificate of		of Status Desi	ired		\$8.75 Add	iltional
	6. Name and A	Address of Current F	Registered Agent	L		L	7. Name and	Address of N	low Reg			
					Name _							
FULLER, HERBERT L 10145 EAST BASS CIRCLE INVERNESS, FL 34450					Street Address (P.O. Box Number is Not Acceptable)							
INVERNE	55, FL 34450											
					City					FL	Zip Cod	e
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  Signature, hybeid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
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10.	Filing Fee is 5 Due by May 1	\$61.25	9. Election Car Trust Fund (	mpaign F Contribut	inancing ion.	[] A	\$5.00 May B		Florida	a Depart	ment of S	tate
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12. 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 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.

SIGNATURE Don	pa J. Manes	Treasurer
;	SIGNATURE AND THEED OR PRIN	ITED NAME OF SIGNING OFFICER OR DIRECTOR