

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-18-2005 90046 042 ****61.25

DOCUMENT # 720071					
1. Entity Name EAST COVE COMMUNITY CLUB, INC.					
Principal Place of Business EAST COVE COMMUNITY CLUB, INC. C/O HERB FULLER INVERNESS, FL 34450			Mailing Address 10145 E BASS CIRCLE INVERNESS, FL 34450		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FULLER, HERBERT L 10145 EAST BASS CIRCLE INVERNESS, FL 34450			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u>Herbert L. Fuller</u> 3-14-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME FULLER, HERBERT L STREET ADDRESS 10145 EAST BASS CIR CITY-ST-ZIP INVERNESS, FL 34450	☒ Delete		TITLE DP NAME Tom Honour STREET ADDRESS 10029 E Perch Ct. CITY-ST-ZIP Inverness, FL 34450	☒ Change ☐ Addition	
TITLE DS NAME CAZEALT, BARBARA STREET ADDRESS 10153 EAST BASS CIR CITY-ST-ZIP INVERNESS, FL 34450	☐ Delete		TITLE DS NAME Wayne Hilton STREET ADDRESS 10298 E. Pike Drive CITY-ST-ZIP Inverness, FL 34450	☒ Change ☐ Addition	
TITLE D NAME COLLINS, LYLE STREET ADDRESS 10106 EAST BASS CIR CITY-ST-ZIP INVERNESS, FL 34450	☒ Delete		TITLE D NAME John Guyer STREET ADDRESS 10264 E. Pike Drive CITY-ST-ZIP Inverness, FL 34450	☒ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE DT NAME Donna J. Manes STREET ADDRESS 10007 Perch Court E CITY-ST-ZIP Inverness, FL 34450	☐ Change ☒ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
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 <u>Donna J. Manes</u> 3/15-2005 352-344-0538 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					