2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90376 002 ****61.25

DOCUMENT # 720071

1. Entity Name
EAST COVE COMMUNITY CLUB, INC.

Principal Place of Business	Mailing Address
EAST COVE COMMUNITY CLUB, INC. C/O HERB FULLER INVERNESS, FL 34450	10145 E BASS CIRCLE INVERNESS, FL 34450

03262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
East Cove Community Club Inc	10153 E Bass Circle
Suite, Apt. #, etc.: c/o Barbara Cazeault	Suite, Apt. #, etc.
City & State: Inverness Fl	City & State: Inv. Fl.
Zip: 34450 Country:	Zip: 34450 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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: Cazeault, Barbara Street Address (P.O. Box Number is Not Acceptable): 10153 E. Bass Circle City: Inverness FL Zip Code: 34450

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: Herbert L. Fuller 3/29/06 Barbara Cazeault 3/29/06
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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HONOUR, TOM 10029 E. PERCH CT INVERNESS, FL 34450	☑ Delete	TITLE DS NAME STREET ADDRESS CITY-ST-ZIP	Trawick Robert 10131 E Bass Circle Inverness Fl 34450	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HILTON, WAYNE 10298 E. PIKE DRIVE INVERNESS, FL 34450	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Beardsley, Paul 9921 E Bass Circle Inverness, Fl 34450	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUYER, JOHN 10264 E. PIKE DRIVE INVERNESS, FL 34450	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Queen Jerry 1110 S. Shinnerton Inverness Fl 34450	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MANES, DONNA J 10007 PERCH COURT E INVERNESS, FL 34450	☑ Delete	TITLE D.P. NAME STREET ADDRESS CITY-ST-ZIP	Cazeault Barbara 10153 E. Bass Circle 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Barbara Cazeault Pres 3/29/06 352-726-4268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #