2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 720071

1. Entity Name
EAST COVE COMMUNITY CLUB, INC.

Principal Place of Business	Mailing Address
EAST COVE COMMUNITY CLUB, INC. C/O BARBARA CAZEAULT INVERNESS, FL 34450	10153 E BASS CIRCLE INVERNESS, FL 34450

DO NOT WRITE IN THIS SPACE

01182007 No Chg-NP CR2E037 (4/06)

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

CAZEAULT, BARBARA
10153 E BASS CIRCLE
INVERNESS, FL 34450

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	TRAWICK, ROBERT
STREET ADDRESS	10131 E BASS CIRCLE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	BEARDSLEY, PAUL
STREET ADDRESS	9921 E BASS CIRCLE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	QUEEN, JERRY
STREET ADDRESS	1110 S. SHINNER TEN
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	DP
NAME	CAZEAULT, BARBARA
STREET ADDRESS	10153 E BASS CIRCLE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-60035-015 61.25

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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 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 1-19-07 352 726 4268
Barbara Cazeault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #