2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# 720071

Entity Name: EAST COVE COMMUNITY CLUB, INC.

Current Principal Place of Business:

EAST COVE COMMUNITY CLUB, INC.
C/O BARBARA CAZEAULT
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

10153 E BASS CIRCLE
INVERNESS, FL 34450

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAZEAULT, BARBARA
10153 E BASS CIRCLE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: TRAWICK, ROBERT
Address: 10131 E BASS CIRCLE
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: BEARDSLEY, PAUL
Address: 9921 E BASS CIRCLE
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: QUEEN, JERRY
Address: 1110 S. SHINNER TEN
City-St-Zip: INVERNESS, FL 34450

Title: DP ( ) Delete
Name: CAZEAULT, BARBARA
Address: 10153 E BASS CIRCLE
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: TRAWICK, BERNICE N
Address: 10131 E. BASS CIRCLE
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA CAZEAULT DP 02/22/2009
Electronic Signature of Signing Officer or Director — Date