


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 730391
 1. Entity Name
THE COVE ASSOCIATION, INC.



Principal Place of Business 100 CHERRY ST PANAMA CITY, FL 32401	Mailing Address 100 CHERRY ST PANAMA CITY, FL 32401
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1556754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SLOAN, TIM
 427 MCKENZIE AVE
 PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

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 _____ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRETNEY, CHARMIAN 100 CHERRY ST #1 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JINKS, BERT 100 CHERRY ST #4 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALL, GARY 100 CHERRY ST, #301 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BYRD, CARVER 100 CHERRY STREET #201 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRICE, GARY 100 CHERRY STREET #407 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000358883
 05/04/05-80112-019 61.25

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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: Garry Price 4/25/05 769 6978
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #