# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2009**
**Secretary of State**

DOCUMENT# 730391

**Entity Name:** THE COVE ASSOCIATION, INC.

**Current Principal Place of Business:**

100 CHERRY ST
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

100 CHERRY ST
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number: 59-1556754** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, TIM
427 MCKENZIE AVE
PANAMA CITY, FL 32404 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: S (X) Delete
Name: CRETNEY, CHARMIAN
Address: 100 CHERRY ST #1
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: JINKS, BERT
Address: 100 CHERRY ST #4
City-St-Zip: PANAMA CITY, FL 32401

Title: P ( ) Delete
Name: MCCOY, ELKE
Address: 100 CHERRY STREET #801
City-St-Zip: PANAMA CITY, FL 32401

Title: V P ( ) Delete
Name: DOOLITTLE, GERALD
Address: 100 CHERRY STREET #601
City-St-Zip: PANAMA CITY, FL 32401

Title: MGR ( ) Delete
Name: PRICE, GARY
Address: 100 CHERRY STREET #407
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TS (X) Change ( ) Addition
Name: JINKS, BERT
Address: 100 CHERRY ST #4
City-St-Zip: PANAMA CITY, FL 32401

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

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

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

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: LISA STRICKLAND AMRG 02/10/2009
Electronic Signature of Signing Officer or Director Date