2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# 732187

Entity Name: COVE CAY VILLAGE I ASSOICATION, INC.

Current Principal Place of Business:

2619 COVE CAY DR
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2619 COVE CAY DR
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-2512295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANAGROSSI, GERALD T
2619 COVE CAY DR
CLEARWATER, FL 33760 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: D ( ) Delete
Name: PENZIK, RONALD
Address: 2617 COVE CAY DR #410
City-St-Zip: CLEARWATER, FL 33760

Title: PD ( ) Delete
Name: LATHROP, LARRY
Address: 2618 COVE CAY DR #906
City-St-Zip: CLEARWATER, FL 33760

Title: V ( ) Delete
Name: DYE, JERRY
Address: 2617 COVE CAY DR. #407
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Delete
Name: HENDRIX, BETTY
Address: 2617 COVE CAY DR #504
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LATHROP, WALTER
Address: 2618 COVE CAY DR., #906
City-St-Zip: CLEARWATER, FL 33760

Title: VP (X) Change ( ) Addition
Name: HENDRIX, ELIZABETH
Address: 26187COVE CAY DR #504
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Change ( ) Addition
Name: DYE, JERRY
Address: 2617 COVE CAY DR. #407
City-St-Zip: CLEARWATER, FL 33760

Title: TD (X) Change ( ) Addition
Name: LEGGE, NORMAN
Address: 2618 COVE CAY DR #607
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER LATHROP PD 04/01/2005

Electronic Signature of Signing Officer or Director — Date