

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732187

FILED
Mar 02, 2009
Secretary of State

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:

MCNAUGHTON, JOHN
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: PD () Delete
Name: KALIHHER, RODNEY
Address: 2618 COVE CAY DR #511
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: HENDRIX, ELIZABETH
Address: 2618 COVE CAY DR #504
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete
Name: CHITTUM, LAVERN
Address: 3400 COVE CAY DR 6C
City-St-Zip: CLEARWATER, FL 33760

Title: VP () Delete
Name: FROLICK, LUANNE
Address: 2618 COVE CAY DR 706
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: ROBERTS, RONALD
Address: 752 BALLOUGH RD
City-St-Zip: DAYTONA BEACH, FL 32114

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: RODNEY KALIHHER

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date