


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # 749030 | |  |
| 1. Entity Name MARINA COVE HOMEOWNERS ASSOCIATION, INC. | | |
| Principal Place of Business 5412 MARINA COVE LAKELAND, FL 33813 | Mailing Address 5412 MARINA COVE LAKELAND, FL 33813 | |



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 00-0000000 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MOORE, STEPHEN A JR
5412 MARINA COVE
LAKELAND, FL 33813**

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, 2008**

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 | P LEE, DAVID 5405 MARINA COVE LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MOORE, STEPHEN A JR 5412 MARINA COVE LAKELAND, FL 33813 |
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U00000839589
03/06/08-80015-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **S.A. MOORE, JR.** **2-19-08** **863-646-6755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #