

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90015 036 \*\*\*\*61.25

**DOCUMENT # 754043**

1. Entity Name  
**THE COVES AT WHITE TROUT LAKE ASSOCIATION, INC.**



Principal Place of Business  
**10111 LAKE COVE LN  
TAMPA, FL 33618 US**

Mailing Address  
**10111 LAKE COVE LN  
TAMPA, FL 33618 US**

**44047915**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2224760**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AKCHEDIAK, NANCY  
10111 LAKE COVE LANE  
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name  
**ALCHEDIAK, NANCY**  
Street Address (P.O. Box Number is Not Acceptable)  
**SALE**  
City  
**FL** Zip Code

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

*(Signature)* **(NANCY ALCHEDIAK)** **6-30-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'MARA, EDWARD J 10110 LAKE COVE LANE TAMPA, FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALCHEDIAK, NANCY 10111 LAKE COVE LN TAMPA, FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK, WISKUP <input checked="" type="checkbox"/> Delete 10106 LAKE COVE LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELAROSA, LYNNE <input type="checkbox"/> Delete 10113 LAKE COVE LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPRIA, MICHAEL DR <input checked="" type="checkbox"/> Delete 10104 LAKE COVE LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG, YUN TAE DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10102 LAKE COVE LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10108 LAKE COVE LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-30-04**  
Date

**813  
931-9378**  
Daytime Phone #