

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754043

FILED  
Jan 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10111 LAKE COVE LN  
TAMPA, FL 33618 US

**New Principal Place of Business:**

10113 LAKE COVE LN  
TAMPA, FL 33618 US

**Current Mailing Address:**

P. O. BOX 271284  
TAMPA, FL 33688 US

**New Mailing Address:**

10113 LAKE COVE LN  
TAMPA, FL 33618 US

**FEI Number:** 59-2224760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALCHEDIAK, NANCY  
10111 LAKE COVE LANE  
TAMPA, FL 33618 US

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

DELAROSA, LYNNE  
10113 LAKE COVE LANE  
TAMPA, FL 33618 US

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: LYNNE DELAROSA

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: DELAROSA, LYNNE  
Address: 10113 LAKE COVE LN  
City-St-Zip: TAMPA, FL 33618

Title: SD  
Name: BUTLER, ROBERT  
Address: 10112 LAKE COVE LN  
City-St-Zip: TAMPA, FL 33618

Title: PD  
Name: CAPRIA, MICHAEL  
Address: 10104 LAKE COVE LANE  
City-St-Zip: TAMPA, FL 33618

Title: VD  
Name: FULLER, DAVID  
Address: 10108 LAKE COVE LANE  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: LYNNE DELAROSA

TD

01/04/2012

Electronic Signature of Signing Officer or Director

Date