


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90453 024 ****61.25

DOCUMENT # 754309

1. Entity Name
CROWN COVE OWNERS ASSOCIATION, INC.



Principal Place of Business
**601 E GOVERNMENT ST
 PENSACOLA, FL 32501 US**

Mailing Address
**PO BOX 1141
 PENSACOLA, FL 32591 US**

2. Principal Place of Business - No P.O. Box #
3009 E Cervantes St

3. Mailing Address
3009 E. Cervantes St


Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32503 Country
U.S.

Zip
32501 Country
US



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2745987 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KIEVIT, KELLY & ODOM P
 15 W MAIN ST
 PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name
David B Dodson

Street Address (P.O. Box Number is Not Acceptable)
3009 E Cervantes St

City
Pensacola FL Zip Code
32501

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 **DAVID B. DODSON, President**  DATE **4-23-07**

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 May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	DODSON, DAVID	
STREET ADDRESS	1709 E GONZALEZ ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPATCH, CHARLES	
STREET ADDRESS	613 CROWN COVE DR	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCKINNON, MARGARET	
STREET ADDRESS	1709 E GONZALEZ ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARR, CAMILE	
STREET ADDRESS	601 CROWN COVE DR	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPATCH, TONI	
STREET ADDRESS	615 CROWN COVE DR	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Margaret McKinnon** 4/23/07 (850) 433 7903