## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008207

FILED Mar 04, 2005 Secretary of State

Entity Name: COVE ON THE BAY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

215 GRAND BLVD 10221 EMERALD COAST PARKWAY WEST

DESTIN, FL 32550 SUITE 23

MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

215 GRAND BLVD 10221 EMERALD COAST PARKWAY WEST

DESTIN, FL 32550 SUITE 23

MIRAMAR BEACH, FL 32550

FEI Number: 59-3698632 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GORMLEY, TERRY P GELDER, JAY B

215 GRAND BLVD 10221 EMERALD COAST PARKWAY WEST

DESTIN, FL 32550 US SUITE 23

MIRAMAR BEACH, FL 32550 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: JAY B. GELDER 03/04/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

EDV ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 DEVINA, BOB
 Name:
 DEBRNJA, BOB

 Address:
 9000 BROMFIELD LANE
 Address:
 10132 GRANDE SHORES WAY

 City-St-Zip:
 KNOXVILLE, TN 37922
 KNOXVILLE, TN 37922

Title: DP ( ) Delete Title: VPD (X) Change ( ) Addition

Name: MCCLELLAN, DAWN B Name: PHARR, ROBERT

 Address:
 160 COVE DR.
 Address:
 6531 KIRBY FOREST COVE

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:
 MEMPHIS, TN 38119

Title: D ( ) Delete Title: STD (X) Change ( ) Addition

Name:PHARR, ROBERTName:ORR, DONAddress:6531 KIRBY FORSET COVEAddress:5012 HILL PLACE DR.

City-St-Zip: MEMPHIS, TN 38119 City-St-Zip: NASHVILLE, TN 37205

Title: D ( ) Change (X) Addition

 Name:
 Name:
 MOORE, FRED

 Address:
 Address:
 873 TULIP POPLAR DR.

 City-St-Zip:
 City-St-Zip:
 BIRMINGHAM, AL 35244

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 DOWDLE, J. NUTIE

 Address:
 Address:
 P.O. BOX 9129

 City-St-Zip:
 City-St-Zip:
 COLUMBUS, MS 39705

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT PHARR VPD 03/04/2005