

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02843

FILED
May 05, 2006
Secretary of State

Entity Name: COVE CAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3500 COVE CAY DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

3500 COVE CAY DRIVE
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-2512284 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COVE CAY COMMUNITY ASSOC., INC.
3500 COVE CAY DRIVE
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PENZIK, RONALD
Address: 2617 COVE CAR DR., #607
City-St-Zip: CLEARWATER, FL 33760

Title: VD () Delete
Name: CAHILL, ELEANOR
Address: 2620 COVE CAR DR., #607
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: HAUER, YOLANDA
Address: 3300 COVE CAY DR, #5-F
City-St-Zip: CLEARWATER, FL

Title: T () Delete
Name: DAVIS, RALPH
Address: 800 COVE CAY DRIVE #1C
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: BEAUSOLEIL, ROLAND
Address: 2700 COVE CAY DRIVE #3A
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: DYE, JERRY
Address: 2617 COVE CAY DR., #407
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Change () Addition
Name: CRUM, DOUGLAS
Address: 1000 COVE CAY DR., 2G
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GERALD T. PANAGROSSI

LCAM

05/05/2006

Electronic Signature of Signing Officer or Director

Date