

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02843

**FILED**  
**Jan 05, 2010**  
**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:**

2619 COVE CAY DRIVE  
CLEARWATER, FL 33760

**Current Mailing Address:**

3500 COVE CAY DRIVE  
CLEARWATER, FL 33760

**New Mailing Address:**

2619 COVE CAY DRIVE  
CLEARWATER, FL 33760

**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:**

COVE CAY COMMUNITY ASSOC., INC.  
2619 COVE CAY DRIVE  
CLEARWATER, FL 33760      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: JOHN MCNAUGHTON

01/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COHN, STEVE  
Address: 2621 COVE CAY DR., #901  
City-St-Zip: CLEARWATER, FL 33760

Title: VD  
Name: DIMASI, ROBERT  
Address: 3400 COVE CAY DR., #7H  
City-St-Zip: CLEARWATER, FL 33760

Title: SD  
Name: MEAUX, CONNIE  
Address: 2618 COVE CAY DR., #907  
City-St-Zip: CLEARWATER, FL 33760

Title: T  
Name: MOGAVERO, BEVERLY  
Address: 2620 COVE CAY DRIVE, #901  
City-St-Zip: CLEARWATER, FL 33760

Title: LCAM  
Name: MCNAUGHTON, JOHN LCAM  
Address: 2619 COVE CAY DRIVE  
City-St-Zip: CLEARWATER, FL 33760

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: JOHN MCNAUGHTON

LCAM

01/05/2010

Electronic Signature of Signing Officer or Director

Date