2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# N05000008212

Entity Name: CADES COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 411989
MELBOURNE, FL 329411989

New Principal Place of Business:

Current Mailing Address:

PO BOX 411989
MELBOURNE, FL 329411989

New Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

FEI Number: 20-3604995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARKNESS, KAREN S ESQ
6767 N WICKHAM RD SUITE 500
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVENUE
ORLANDO, FL 32809 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: REBECCA FURLOW 03/24/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SIGMUND, JAMES L
Address: PO BOX 411989
City-St-Zip: MELBOURNE, FL 329411989

Title: D ( ) Delete
Name: MITCHELL, KENNETH R
Address: PO BOX 411989
City-St-Zip: MELBOURNE, FL 329411989

Title: DV ( ) Delete
Name: MCCOLLUM, MICHAEL
Address: PO BOX 411989
City-St-Zip: MELBOURNE, FL 329411989

Title: DT ( ) Delete
Name: O'TOOLE, HAZEL
Address: PO BOX 411989
City-St-Zip: MELBOURNE, FL 329411989

Title: DP ( ) Delete
Name: GINDER, DENNIS
Address: PO BOX 411989
City-St-Zip: MELBOURNE, FL 329411989

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: REBECCA FURLOW RA 03/24/2006
Electronic Signature of Signing Officer or Director Date