

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008212

FILED
Apr 15, 2009
Secretary of State

Entity Name: CADES COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5955 TG LEE BLVD., SUITE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

Current Mailing Address:

5955 TG LEE BLVD., SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

FEI Number: 20-3604995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
5955 TG LEE BLVD., SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CUMMINS, SHARON L
Address: 2704 TYLER COURT
City-St-Zip: ORANGE PARK, FL 32003

Title: DS () Delete
Name: COLE, KIMBERLY A
Address: 2649 KERMIT COURT
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: GALLUP, ARTHUR P
Address: 2605 KERMIT COURT
City-St-Zip: ORANGE PARK, FL 32003

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:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON L CUMMINS

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date