

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001531

FILED
Jan 08, 2007
Secretary of State

Entity Name: COVE POINTE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

338 BUNKERS COVE ROAD
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

338 BUNKERS COVE ROAD
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 20-4305962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISS, CHRISTINE L
338 BUNKERS COVE ROAD
PANAMA CITY, FL 32401 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: D, P () Delete
Name: HIGGINS, PATRICK
Address: 522 S BONITA AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: D,VP () Delete
Name: REISS, CHRISTINE L
Address: 338 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401 US

Title: D, T () Delete
Name: NEUBAUER, MARGARET A
Address: 608 SHORELINE DRIVE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D, S () Delete
Name: NEUBAUER, THOMAS S
Address: 608 SHORELINE DRIVE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: D () Delete
Name: SPENCER, ROGER
Address: 206 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401 US

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: D (X) Change () Addition
Name: BUTLER, STEVE
Address: 3434 HIGHWAY 77
City-St-Zip: PANAMA CITY, FL 32401 US

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: CHRISTINE L REISS

DVP

01/08/2007

Electronic Signature of Signing Officer or Director

Date