

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 25, 2008  
Secretary of State

DOCUMENT# N06000001531

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: BUTLER, STEVE  
Address: 3434 HIGHWAY 77  
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: ( ) 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: MARGARET A. NEUBAUER

D,T

04/25/2008

Electronic Signature of Signing Officer or Director

Date