

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32504

FILED
Feb 06, 2008
Secretary of State

Entity Name: EAGLE COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

FIRST CHOICE ASSOC. MGMT
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4174 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2949570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST CHOICE ASSOC. MGMT.
4174 WOODLANDS PKWY.
PALM HARBOR, FL 34685 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: P () Delete
Name: CHANDLER, CURT
Address: 4937 EAGLE COVE N DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: EMERSON, DONALD
Address: 4051 EAGLE COVE E DR
City-St-Zip: PALM HARBOR, FL 34685

Title: V () Delete
Name: SHEA, ELIZABETH
Address: 3935 EAGLE COVE W DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: KAYARIAN, LISA
Address: 4919 EAGLE COVE N DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: S (X) Delete
Name: STAUFFER, JIM
Address: 4875 EAGLE COVE N DR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHANDLER, CURT
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: EMERSON, DONALD
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: V (X) Change () Addition
Name: SHEA, ELIZABETH
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

Title: S (X) Change () Addition
Name: STAUFFER, JILL
Address: 4174 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685

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: JAMES NOLAN

Electronic Signature of Signing Officer or Director

AGEN

02/06/2008

Date