

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000149

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** HUGHES COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 S ROGERS CIRCLE  
UNIT #11  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE CONTINENTAL GROUP, INC.  
11981 SW 144 COURT, 201  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0462389      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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: ESSERMAN, CHARLENE  
Address: 3301 DEVON CT  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: PEREZ, MRS.  
Address: 3319 DEVON CT  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: SCHARLIN, DAVID  
Address: 3312 DEVON CT  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP/S (X) Change ( ) Addition  
Name: PEREZ, DARLENE  
Address: 3319 DEVON CT  
City-St-Zip: MIAMI, FL 33130

Title: T (X) Change ( ) Addition  
Name: SCHARLIN, DAVID  
Address: 3312 DEVON CT  
City-St-Zip: MIAMI, FL 33133

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: CHARLENE ESSERMAN

P

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date