


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 038 ****61.25

DOCUMENT # N37397 1. Entity Name COVE POINTE HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business COVE POINT DR VENICE, FL 34293			Mailing Address 1937 COVE POINTE DR VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0184923	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JAECK, WILLIAM C 1937 COVE POINTE DR VENICE, FL 34293				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, W. KENNETH		NAME	WARTGOW, RONALD	
STREET ADDRESS	1921 TRADE WINDS CIRCLE		STREET ADDRESS	COVE POINTE DR	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HRIC, JOHN P		NAME	GELSTON, DOROTHY	
STREET ADDRESS	1905 TRADEWINDS CIRCLE		STREET ADDRESS	1944 COVE POINTE DR	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAECK, WILLIAM C		NAME	JAECK, WILLIAM C.	
STREET ADDRESS	1937 COVE POINTE DRIVE		STREET ADDRESS	1937 COVE POINTE DR	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	DOIDGE, EDWARD F		NAME		
STREET ADDRESS	1921 TRADEWINDS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		
NAME	DELANCEY, GWENDOLYN J		NAME		
STREET ADDRESS	1942 COVE POINTE DR.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William C Jaeck</u> <u>William C. Jaeck</u>			<u>3/3/08</u> <u>941-492-9147</u> <small>Date Daytime Phone #</small>		