

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02843

Entity Name: COVE CAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**4585 140TH AVE N
STE 1012
CLEARWATER, FL 33762**Current Mailing Address:**4585 140TH AVE N
STE 1012
CLEARWATER, FL 33762**FEI Number:** 59-2512284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT CONCEPTS
4585 140TH AVE N
STE 1012
CLEARWATER, FL 33762 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	PHILLIPS, BILL
Address	2620 COVE CAY DR # 1005
City-State-Zip:	CLEARWATER FL 33760

Title	SECRETARY
Name	MCLAUGHLIN, JERRY
Address	2900 COVE CAY DR., #4B
City-State-Zip:	CLEARWATER FL 33760

Title	PRESIDENT
Name	MCNAUGHTON, JOHN
Address	2500 1ST AVE NORTH
City-State-Zip:	ST PETERSBURG FL 33713

Title	TREASURER
Name	TRIBER, EILEEN
Address	2800 COVE CAY DRIVE #6G
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	SWARTZT, MARVIN
Address	900 COVE CAY DR # 6G
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	MOGAVERO, BEVERLY
Address	2620 COVE CAY DRIVE, #901
City-State-Zip:	CLEARWATER FL 33760

Title	VP
Name	TRIBER, BUD
Address	2800 COVE CAY DRIVE #6G
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	TORREY, WILLIAM
Address	900 COVE CAY DRIVE #2C
City-State-Zip:	CLEARWATER FL 33760

I hereby 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 all other like empowered.

SIGNATURE: JOHN MCNAUGHTON**PRESIDENT****03/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date