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

Electronic Signature of Signing Officer/Director Detail

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DOCUMENT# N02843

Entity Name: COVE CAY COMMUNITY ASSOCIATION, INC.

## **Current Principal Place of Business:**

9887 FOURTH STREET NORTH 301 ST. PETERSBURG, FL 33702

### **Current Mailing Address:**

9887 FOURTH STREET NORTH 301 ST. PETERSBURG, FL 33702 US

## FEI Number: 59-2512284

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

ASSOCIA GULF COAST, INC 9887 FOURTH STREET NORTH 301 ST. PETERSBURG, FL 33702 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	E: MARLENE SHAW				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SECRETARY	Title	PRESIDENT		
Name	SWARTZ, MARVIN	Name	MCNAUGHTON, JOHN		
Address	2900 COVE CAY DR., #6G	Address	2500 1ST AVE NORTH		
City-State-Zip:	CLEARWATER FL 33760	City-State-Zip:	ST PETERSBURG FL 33713		
Title	VP	Title	TREASURER		
Name	CAMPANA, DONALD	Name	TRIBER, EILEEN		
Address	3400 COVE CAY DRIVE #31	Address	2800 COVE CAY DRIVE #6G		
City-State-Zip:	CLEARWATER FL 33760	City-State-Zip:	CLEARWATER FL 33760		

PRESIDENT 04/15/2014

# FILED Apr 15, 2014 Secretary of State CC2352354289

Certificate of Status Desired: No

Date