

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549399

FILED
Feb 18, 2009
Secretary of State

Entity Name: KOVE ASSOCIATION, INC. OF VOLUSIA

Current Principal Place of Business:

123 KOVE BLVD
OSTEEN, FL 327648519 US

New Principal Place of Business:

Current Mailing Address:

123 KOVE BLVD
OSTEEN, FL 327648519 US

New Mailing Address:

FEI Number: 59-1783216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMBS, ALEX B
806 SWALLOW LN
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

COMBS, ALEX B
232 MEADOWLARK DR.
OSTEEN, FL 32764 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:

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOKTOR, PHILIP R
Address: 107 KOVE BLVD
City-St-Zip: OSTEEN, FL 32764

Title: V () Delete
Name: NORBY, THOMAS
Address: 114 KOVE BLVD
City-St-Zip: OSTEEN, FL 32764

Title: V () Delete
Name: LATMORE, ROBERT
Address: 808 SWALLOW LN
City-St-Zip: OSTEEN, FL 32764

Title: T () Delete
Name: SEBASTIAN, VINCENT
Address: 905 BLUE HERON BLVD
City-St-Zip: OSTEEN, FL 32764

Title: S () Delete
Name: COLLIINS, BETTY
Address: 7 PINE DR
City-St-Zip: OSTEEN, FL 32764

Title: P (X) Delete
Name: DOKTOR, PHILIP R
Address: 107 KOVE BLVD
City-St-Zip: OSTEEN, FL 32764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHARDSON, DALE
Address: 130 KOVE BLVD
City-St-Zip: OSTEEN, FL 32764

Title: V (X) Change () Addition
Name: JOHNSON, BENNIE O
Address: 89 EAGLE POINT SOUTH
City-St-Zip: OSTEEN, FL 32764

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE RICHARDSON

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date