

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-06-2006 90094 019 ****61.25

DOCUMENT # 719619

1. Entity Name

WEST COVE MANAGEMENT, INCORPORATED



Principal Place of Business

**1100 S. ORLANDO AVENUE
MAITLAND FL 32751**

Mailing Address

**1100 S. ORLANDO AVENUE
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1531900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEIDRICH, JOE
1100 S. ORLANDO AVE. #608
MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

Signature, typed or printed name of registered agent and role if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DVP** ☒ Delete
NAME **STEVENS, CHARLIE**
STREET ADDRESS **1100 S. ORLANDO AVE #756**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **ROBERT BEAUMONT** ☐ Change ☒ Addition
NAME **1100 S Orlando Av #201**
STREET ADDRESS **Maitland FL 32751** **D**
CITY-ST-ZIP

TITLE **D VP** ☐ Delete
NAME **MARLOWE, MICHAEL L** **VP**
STREET ADDRESS **1100 S ORLANDO AVE #856**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **SALLY DUNN** ☐ Change ☒ Addition
NAME **1100 S Orlando Av #204** **D**
STREET ADDRESS **Maitland FL 32751**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HEIDRICH, H. JOESPH** **PD**
STREET ADDRESS **1100 S ORLANDO AVE #601**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DENION, JOHN** **D**
STREET ADDRESS **1100 S ORLANDO AVE #508**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GUIDETTI, GUIDO** **D**
STREET ADDRESS **1100 S. ORLANDO AVE #804**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **HENNING, MERV** **DT**
STREET ADDRESS **1100 S. ORLANDO AVE #778**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *H. Joseph Heidrich*

H JOSEPH HEIDRICH PRESIDENT

1/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26

Date **02/24/06** Daytime Phone # **61.25**



ATTACHMENT

66002483

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

WEST COVE MANAGEMENT, INCORPORATED
1100 S. ORLANDO AVENUE
MAITLAND, FL 32751

Subject: **WEST COVE MANAGEMENT, INCORPORATED**

Reference Number:

719619

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed, and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

Corrections Attached