

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722137

FILED
Apr 22, 2009
Secretary of State

Entity Name: LYONS COVE, INC.

Current Principal Place of Business:

181 CENTER RD.
VENICE, FL 34285

New Principal Place of Business:

181 CENTER ROAD
VENICE, FL 34285

Current Mailing Address:

181 CENTER RD.
VENICE, FL 34285

New Mailing Address:

181 CENTER ROAD
VENICE, FL 34285

FEI Number: 59-1806988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS MANAGEMENT OF VENICE, INC.
181 CTR RD
VENICE, FL 34285 US

Name and Address of New Registered Agent:

ARGUS MANAGEMENT OF VENICE, INC.
181 CENTER ROAD
VENICE, FL 34285 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: SHAUN O'GRADY, C.A.M.

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KELLERMAN, THEODORE
Address: 101 LOVELLA LN 2
City-St-Zip: NOKOMIS, FL 34275

Title: PD () Delete
Name: FOLLETT, DR SARA
Address: 319 COLLEGE RD
City-St-Zip: RIVERDALE, NY 10471

Title: VP () Delete
Name: BRULA, MARY
Address: 101 LAVELLA LN 3
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: FUGITT, DEBBIE
Address: 47 SEMINOLE PATH
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KELLERMAN, THEODORE
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285

Title: PD (X) Change () Addition
Name: FOLLETT, SARA DR.
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285

Title: VP (X) Change () Addition
Name: BRULA, MARY
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285

Title: SD (X) Change () Addition
Name: FUGITT, DEBBIE
Address: 181 CENTER ROAD
City-St-Zip: VENICE, FL 34285

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

SIGNATURE: SHAUN O'GRADY

CAM

04/22/2009

Electronic Signature of Signing Officer or Director

Date