

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725814

FILED
Mar 09, 2011
Secretary of State

Entity Name: SMUGGLERS COVE PROPERTY OWNERS'ASSOCIATION,INCORPORATED

Current Principal Place of Business:

1565 SMUGGLERS COVE
VERO BEACH, FL 32963

New Principal Place of Business:

1480 SMUGGLERS COVE
VERO BEACH, FL 32963

Current Mailing Address:

P.O. BOX 643794
VERO BEACH, FL 32964

New Mailing Address:

1567 SMUGGLERS COVE
VERO BEACH, FL 32963

FEI Number: 59-1513320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RICHARD F
1565 SMUGGLERS COVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

MOYNIHAN, KATHLEEN
1541 SMUGGLERS COVE
VERO BEACH, FL 32963 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: KATHLEEN MOYNIHAN

03/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GAWLER, SALLY
Address: 1480 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

Title: S
Name: BOEHNE, GREGORY
Address: 1481 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

Title: T
Name: MOYNIHAN, KATHLEEN
Address: 1541 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

Title: D
Name: KENNEY, ELIZABETH
Address: 1520 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

Title: D
Name: WEIL, WOLFGANG
Address: 1556 SMUGGLERS COVE
City-St-Zip: VERO BEACH, FL 32963

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: KATHLEEN MOYNIHAN

T

03/09/2011

Electronic Signature of Signing Officer or Director

Date