2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # 726423 1. Entity Name MATECUMBE SANDY COVE ASSOCIATION, INC.						04-09-2008	-		
Principal Place of Business 4300 SE ST LUCIE BLVD #38 STUART, FL 34997 US		Meiling Address 4300 SE ST. LUCIE BLVD #38 STUART, FL 34997 US			 ([]]				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				6 8 5 4 8 5 8 6 5		ii i iiii 111	HBH BL 1891
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052008	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Numbe 59-156				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8 .	. 75 Add Required	itional d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Ager	nt	
BAILEY, REMMA			Name-	Dem	ma 3	Bailey			
	IT LUCIE BLVD, #38	Street Addr		Address (I	O. Box Numbe	r is Not Acceptab	le)		
		City					FL	Zip Code	•
8. 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 title if applicable. (NOTE: Registered Agent signature regalify) DATE									
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	negisterati Agent signi	ature recented	when reinstating)		DATE		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	ature recented	\$5.00 May B Added to Fees		Make check pa		
10.		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees		orida Departme	nt of St	ate
	OFFICERS AND DIE P WARD, JENNIFER 106 BAYVIEW DRIVE	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May B Added to Fees	NGES TO OFFIC	erida Departme	TORS IN	ate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE P WARD, JENNIFER	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS	PM W.	\$5.00 May B Added to Fees	Flo	ERS AND DIRECTOR	TORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WARD, JENNIFER 106 BAYVIEW DRIVE ISLAMORADA, FL 33036 VPD TOMPKINS, LARRY 2100 TOUHY	9. Election Camp Trust Fund Co RECTORS	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P M W. Lai	\$5.00 May B Added to Fees	NGES TO OFFIC	erida Departme	TORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WARD, JENNIFER 106 BAYVIEW DRIVE ISLAMORADA, FL 33036 VPD TOMPKINS, LARRY 2100 TOUHY PARK RIDGE, IL 60068 D JENNINGS, CATHY 710 OCEAN FRONT	9. Election Camp Trust Fund Co RECTORS SZI Delete	Daign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P M W. Lai	\$5.00 May B Added to Fees	NGES TO OFFIC	erida Departme	TORS IN Change	10 Addition Addition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.