

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726423

FILED
Apr 21, 2009
Secretary of State

Entity Name: MATECUMBE SANDY COVE ASSOCIATION, INC.

Current Principal Place of Business:

4300 SE ST LUCIE BLVD
#38
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

4300 SE ST. LUCIE BLVD
#38
STUART, FL 34997 US

New Mailing Address:

4300 SE ST LUCIE BLVD
#38
STUART, FL 34997 US

FEI Number: 59-1565255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILY, DEMMA
4300 SE ST LUCIE BLVD, #38
STUART, FL 34997 US

Name and Address of New Registered Agent:

BAILEY, DEMMA
4300 SE ST LUCIE BLVD, #38
STUART, FL 34997 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: DEMMA BAILEY

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, MARY
Address: W 3970 SOUTH SHORE DR.
City-St-Zip: LAKE GENEVA, WI 53147

Title: VPD () Delete
Name: TOMPKINS, LARRY
Address: 2100 TOUHY
City-St-Zip: PARK RIDGE, IL 60068

Title: D () Delete
Name: JENNINGS, CATHY
Address: 710 OCEAN FRONT
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: T () Delete
Name: BAILEY, DEMMA
Address: 4300 SE ST. LUCIE BLVD, #38
City-St-Zip: STUART, FL 34997

Title: E () Delete
Name: KRAEMER, MARY ANN
Address: 200 HARBORVIEW DR
City-St-Zip: TAVERNIER, FL 33070

Title: E () Delete
Name: GILBERT, SUE
Address: 4160 NW 9TH CT.
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

SIGNATURE: DEMMA BAILEY

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date