

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726423

FILED
Mar 29, 2010
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:

74960 OVERSEAS HIGHWAY
#201
ISLAMORADA, FL 33036 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1565255 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: E
Name: BOSENBURG, STEVE
Address: 14733 MARSH VIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

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

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: DEMMA Z BAILEY

TREA

03/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date