2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726423

FILED Jan 07, 2011 Secretary of State

Entity Name: MATECUMBE SANDY COVE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

74960 OVERSEAS HIGHWAY

#201

ISLAMORADA, FL 33036 US

Current Mailing Address: New Mailing Address:

4300 SE ST LUCIE BLVD

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: 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: F

Name: SMITH, MARY

Address: W 3970 SOUTH SHORE DR. City-St-Zip: LAKE GENEVA, WI 53147

Title: VPD

 Name:
 BOSENBERG, STEVE

 Address:
 14733 MARSH VIEW DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32250

Title:

Name: JENNINGS, CATHY
Address: 710 OCEAN FRONT

City-St-Zip: NEPTUNE BEACH, FL 32266

Title:

Name: BAILEY, DEMMA

Address: 4300 SE ST. LUCIE BLVD, #38

City-St-Zip: STUART, FL 34997

Title: E

Name: BAILEY, RAYMOND

Address: 4300 SE ST LUCIE BLVD, #38

City-St-Zip: STUART, FL 34997

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 BAILEY TREA 01/07/2011