

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 18, 2012
Secretary of State

DOCUMENT# 728607

Entity Name: SMUGGLER'S COVE ASSOCIATION, INC.**Current Principal Place of Business:**10951 PALMETTO BLVD
ALACHUA, FL 32615 US**New Principal Place of Business:**9494 SW 69TH AVENUE
HAMPTON, FL 32044 US**Current Mailing Address:**1 TURKEY CREEK
ALACHUA, FL 32615 US**New Mailing Address:**9494 SW 69TH AVENUE
HAMPTON, FL 32044 US**FEI Number:** 59-1520098**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HENLEY, ANDREA
10951 PALMETTO BLVD
ALACHUA, FL 32615 US**Name and Address of New Registered Agent:**AUSTIN, SHERI P
9494 SW 69TH AVENUE
HAMPTON, FL 32044 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: SHERI P. AUSTIN

06/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROBERTS, JAMES
Address: 65 BEACH LANE, UNIT Q
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S/T
Name: AUSTIN, SHERI P
Address: 9494 SW 69TH AVENUE
City-St-Zip: HAMPTON, FL 32044

Title: VP
Name: BOUNDS, BOBBY
Address: 818 SW 186TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: GRIFFIN, MARCIA
Address: 65 BEACH LANE, UNIT H
City-St-Zip: CRYSTAL RIVER, FL 34429

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: SHERI P. AUSTIN

S/T

06/18/2012

Electronic Signature of Signing Officer or Director

Date