2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 728892

Entity Name: SEXTON COVE ESTATES, PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1852
P.O. BOX 1852
KEY LARGO, FL 33037 US

New Principal Place of Business:

6 BUNTING DR.
KEY LARGO, FL 33037 US

Current Mailing Address:

P.O. BOX 1852
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 59-2409276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILBERT, DAVID L
8 FLAMINGO RD
KEY LARGO, FL 33037 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: S ( ) Delete
Name: THACKER, KAY
Address: 9 SNIPE RD
City-St-Zip: KEY LARGO, FL 33037

Title: VP ( ) Delete
Name: HAYNIE, DONALD
Address: 1 BUNTING DR
City-St-Zip: KEY LARGO, FL 33037

Title: P ( ) Delete
Name: GILBERT, DAVID L
Address: 8 FLAMINGO RD
City-St-Zip: KEY LARGO, FL 33037

Title: T ( ) Delete
Name: SCAGGS, BETTY
Address: 6 BUNTING DR
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HAYNIE, DONALD
Address: 1 BUNTING DR
City-St-Zip: KEY LARGO, FL 33037

Title: VP (X) Change ( ) Addition
Name: GILBERT, DAVID L
Address: 8 FLAMINGO RD
City-St-Zip: KEY LARGO, FL 33037

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: DAVID L GILBERT VP 01/06/2009
Electronic Signature of Signing Officer or Director Date