## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#730200**

FILED Mar 03, 2009 Secretary of State

Entity Name: CARDINAL COVE CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-2062166 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: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BUTTS, TOM BUTTS, THOMAS Name: Name: 5409 PEPPERTREE DR #A-6 Address: 5409 PEPPERTREE DR #A-6 Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 Title: (X) Delete Title: () Change () Addition WAUMBAUGH, MARY Name: Name: Address: 5441 PEPPERTREE DR #C-5 Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: SD () Delete Title: () Change () Addition BOTKA, ALEXANDER Name: Name: 5445 PEPPERTREE DR #C-11 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: (X) Change ( ) Addition Title: TD Title: TD ( ) Delete Name: STALL, BRUCE Name: STAAL, BRUCE 5449 PEPPERTREE DR #C-16 5449 PEPPERTREE DR #C-16 Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: (X) Change ( ) Addition LUTCH, LINDA SHAW, JOHN Name: Name: 3683 PURITAN DR 5487 PEPPERTREE DR #F-5 Address: Address: City-St-Zip: BRUNSWICK, OH 44212 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: ( ) Change (X) Addition HAYES, JACK Name: Name: Address: Address: 5405 PEPPERTREE DR #A-1 FORT MYERS, FL 33908 City-St-Zip: 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: THOMAS BUTTS PD 03/03/2009