

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90042 039 ****61.25

DOCUMENT # 732187
 1. Entity Name
 COVE CAY VILLAGE I ASSOICATION, INC.



Principal Place of Business
 2619 COVE CAY DR
 CLEARWATER, FL 33760

Mailing Address
 2619 COVE CAY DR
 CLEARWATER, FL 33760

40021500



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

01292008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2512295

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCNAUGHTON, JOHN 2619 COVE CAY DR CLEARWATER, FL 33760		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALIHER, ROONEY 2618 COVE CAY DR #511 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KALIHER, RODNEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDRIX, ELIZABETH 2618 COVE CAY DR #504 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHILTZ, MICHAEL 2618 COVE CAY DR #308 CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHITTUM, LAVERN 3400 COVE CAY DR # 6C CLEARWATER FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCALL, SINITA 2618 COVE CAY DR #308 CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROLICK, LUANNE 2618 COVE CAY DR # 706 CLEARWATER FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Hendrix Secretary Date: 1-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR