

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90056 033 ****61.25

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DOCUMENT # 737334			
1. Entity Name GAINES COVE ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 2951 WINTER HAVEN, FL 33883		Mailing Address P.O. BOX 2951 WINTER HAVEN, FL 33883	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARSHALL, LARRY G 3813 GAINES DRIVE SE WINTER HAVEN, FL 33884		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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: D <input type="checkbox"/> Delete	NAME: STRNAD, INEZ	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3828 GAINES COURT SE	CITY-ST-ZIP: WINTER HAVEN, FL	NAME:	
TITLE: TD <input type="checkbox"/> Delete	NAME: MARSHALL, LARRY G	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3813 GAINES DR SE	CITY-ST-ZIP: WINTER HAVEN, FL	NAME:	
TITLE: SD <input type="checkbox"/> Delete	NAME: KING, DAN	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3853 GAINES DRIVE SE	CITY-ST-ZIP: WINTER HAVEN, FL 33884	NAME:	
TITLE: VD <input type="checkbox"/> Delete	NAME: RHINEHART, CAROL	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3834 GAINES CT SE	CITY-ST-ZIP: WINTER HAVEN, FL 33884	NAME: <i>RHINEHART, CAROL</i>	
TITLE: PD <input checked="" type="checkbox"/> Delete	NAME: WHITMAN, LORI	STREET ADDRESS: <i>3832 GAINES CT SE</i>	
STREET ADDRESS: 3857 GAINES DRIVE ST	CITY-ST-ZIP: WINTER HAVEN, FL 33884	CITY-ST-ZIP: <i>WINTER HAVEN, FL 33884</i>	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME: <i>VP CASSELL, MARY ANN</i>	
		STREET ADDRESS: <i>3834 GAINES CT SE</i>	
		CITY-ST-ZIP: <i>WINTER HAVEN, FL 33884</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: <i>2/3/05</i> Daytime Phone #: <i>863-293-1111</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	