


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT #737334 1. Entity Name GAINES COVE ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 2951 WINTER HAVEN, FL 33883	Mailing Address P.O. BOX 2951 WINTER HAVEN, FL 33883
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2917012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**MARSHALL, LARRY G
3813 GAINES DRIVE SE.
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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

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02/27/08-80059-007 61:25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINTON, CATHY 3856 GAINES DR SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSHALL, LARRY G 3813 GAINES DR SE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, DAN 3853 GAINES DRIVE SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHINEHART, CAROL 3832 GAINES CIRCLE SOUTHEAST WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSEIL, MARY ANN 3834 GAINES COURT SOUTHEAST WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/13/08** **863-293-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #