

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737334

FILED
Mar 03, 2009
Secretary of State

Entity Name: GAINES COVE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2951
WINTER HAVEN, FL 33883

New Principal Place of Business:

3813 GAINES DRIVE SE
WINTER HAVEN, FL 33884

Current Mailing Address:

P.O. BOX 2951
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-2917012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, LARRY G
3813 GAINES DRIVE SE
WINTER HAVEN, FL 33884 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: D () Delete
Name: BRINTON, CATHY
Address: 3856 GAINES DR SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: MARSHALL, LARRY G
Address: 3813 GAINES DR SE
City-St-Zip: WINTER HAVEN, FL

Title: SD () Delete
Name: KING, DAN
Address: 3853 GAINES DRIVE SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD () Delete
Name: RHINEHART, CAROL
Address: 3832 GAINES CIRCLE SOUTHEAST
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: CASSEIL, MARY ANN
Address: 3834 GAINES COURT SOUTHEAST
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LARRY G MARSHALL

TD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date