2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90076 002 ****61.25

1. Entity Nam	MENT #737778 COVE CONDOMINIUM X	ASSOCIATION, INC.			04-02-2007	90076 002 ****6	1.25	
Principal Place of Business 19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764		Mailing Address 19029 US HIGHWAY 19 NORTH CLUBHOUSE OFFICE CLEARWATER, FL 33764			046399			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Numb 59-172			oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	See Required		
	6. Name and Address of Current	Registered Agent	None	7. Name and	Address of Naw F	Registered Agent		
ELODIDA COMMUNITY PROPERTY MANAGEMENT			Name	Name				
FLORIDA COMMUNITY PROPERTY MANAGEMENT 8141-54 AVE NORTH SAINT PETERSBURG, FL 33709			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			₽ ∎ Zip Code	A .	
			J.,			FL Zip Coo		
the obligati	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered office or	registered agent, or bo	th, in the State of Fi	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatu	ire required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent			are required when reinstating)				
SIGNATURE :	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and litle if applicable. (NOTE: F 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May E Added to Fees	,	DATE fake check payable to rida Department of St		
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May B	Flor	fake check payable to	tate	
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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 line empowered.

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date SIGNATURE: