


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-02-2006 90173 008 ****61.25

DOCUMENT # 738980 1. Entity Name COVE INN MARINA OWNERS' ASSN., INC.					
Principal Place of Business 900 BROAD AVENUE S. NAPLES, FL 34102 US			Mailing Address 745 - 12TH AVE. SOUTH, SE AA NAPLES, FL 34102 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2055685	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE PROPERTY MGMT., INC. 745 - 12TH AVE. SOUTH, SE AA NAPLES, FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D HULL, ROY 887 TURTLE CT NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADCLIFFE, G N DR 900 BROAD AVENUE S. NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, JAMES 729 10 AVE. S. NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RUSSELL FRATER 900 BROAD AVE. S. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ 4-28-06					

66020157



04242006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

FL