## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#738980** 

FILED Apr 27, 2007 Secretary of State

Entity Name: COVE INN MARINA OWNERS' ASSN., INC.

Current Principal Place of Business:	New Principal Place of Business:

900 BROAD AVENUE S. 900 BROAD AVE S. NAPLES, FL 34102 US NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

745 - 12TH AVE. SOUTH, SE AA 745 12TH AVE S NAPLES, FL 34102 US AA

NAPLES, FL 34102 US

US

FEI Number: 59-2055685 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE PROPERTY MGMT., INC.

745 - 12TH AVE. SOUTH, SE AA

NAPLES, FL 34102 US

MOORE PROPERTY MANAGEMENT, LLC

745 12TH AVE S

AA

NAPLES, FL 34102 US

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: GRAHAM NORCOMBE 04/27/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 HULL, ROY
 Name:
 HULL, ROY

 Address:
 887 TURTLE CT
 Address:
 702 SHADOW LAKE LANE

 City-St-Zip:
 NAPLES, FL
 City-St-Zip:
 NAPLES, FL 34108

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RADCLIFFE, G N DR
 Name:

 Address:
 900 BROAD AVENUE S.
 Address:

 City-St-Zip:
 NAPLES, FL 34102 US
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMSON, JAMES
 Name:

 Address:
 729 10 AVE. S.
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 FRAZER, RUSSELL
 Name:
 FRAZER, RUSSELL

 Address:
 900 BROWN AVE S
 Address:
 900 BROAD AVE S

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:
 NAPLES, FL 34102

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: RUSSELL FRAZER P 04/27/2007