

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739942

FILED
Jan 14, 2008
Secretary of State

Entity Name: SMUGGLER'S COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5100 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

5100 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 59-1768066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUCKS, LINDA
5100 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931 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: TD () Delete
Name: CARMINE, SACCO
Address: 4691 BAY BEACH LN #191
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VPD () Delete
Name: ZAJAC, JOHN J JR
Address: 26-B SOUTH WOODS LANE
City-St-Zip: DURHAM, CT 06422

Title: SD () Delete
Name: YOUNG, ARTHUR,
Address: 3005 SE 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: AS () Delete
Name: DIEMER, CHARLES
Address: 5100 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: PD () Delete
Name: DANIEL L. HUGHES,
Address: 5100 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WISOR, DAVID
Address: 3 BRIANS LANE
City-St-Zip: FAIRFIELD, OH 45014

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

Title: SD (X) Change () Addition
Name: SUSAN WALLRAB,
Address: 1127 HOBSON MILL DRIVE
City-St-Zip: NAPERVILLE, IL 60540

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: LINDA LOUCKS

RA

01/14/2008

Electronic Signature of Signing Officer or Director

Date