

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90078 029 \*\*\*\*61.25

**DOCUMENT # 740448**

1. Entity Name  
COVE CAY COUNTRY CLUB, INC.



Principal Place of Business  
2612 COVE CAY DRIVE  
CLEARWATER, FL 33760

Mailing Address  
2612 COVE CAY DRIVE  
CLEARWATER, FL 33760

50035072



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1768044

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, NORMA  
2800 COVE CAY DRIVE  
APT 7F  
CLEARWATER, FL 33760

Name Torrey, William  
Street Address (P.O. Box Number is Not Acceptable)  
900 Cove Cay Dr #2C

City Clearwater FL Zip Code 33760

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: William Torrey  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/5/05

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 PD ☐ Delete  
NAME MURRAY, NORMA  
STREET ADDRESS 2800 COVE CAY DRIVE APT 7F  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE PD ☒ Change ☐ Addition  
NAME Torrey, William  
STREET ADDRESS 900 Cove Cay Dr #2C  
CITY-ST-ZIP Clearwater FL 33760

TITLE SV ☐ Delete  
NAME WILLIAMS, HERBERT  
STREET ADDRESS 2900 COVE CAY DR 1E  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D ☒ Change ☐ Addition  
NAME Hart, David  
STREET ADDRESS 2700 Cove Cay Dr #2G  
CITY-ST-ZIP Clearwater FL 33760

TITLE VPTD ☐ Delete  
NAME JONES, ROBERT  
STREET ADDRESS 2620 COVE CAY DR 605  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TELLER, PAUL  
STREET ADDRESS 2618 COVE CAY DRIVE #907  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D ☒ Change ☐ Addition  
NAME Copley, Robert  
STREET ADDRESS 2620 Cove Cay Dr. #801  
CITY-ST-ZIP Clearwater FL 33760

TITLE D ☐ Delete  
NAME LYONS, JOY  
STREET ADDRESS 2614 COVE CAY DR 208  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE SV ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Torrey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/5/05

Daytime Phone #