


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90026 007 \*\*\*\*61.25


<b>DOCUMENT # 740448</b>	
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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

400330



01182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1768044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TORREY, WILLIAM 900 COVE CAY DRIVE #2C APT 7F CLEARWATER, FL 33760	7. Name and Address of New Registered Agent Name <u>Hart, David</u> Street Address (P.O. Box Number is Not Acceptable) <u>2700 COVE CAY DR #2G</u> City <u>Clearwater</u> FL Zip Code <u>33760</u>
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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 David L Hart DATE 3/16/06

(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORREY, WILLIAM 900 COVE CAY DR #2C CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, DAVID 2700 COVE CAY DR #2G Clearwater, FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, DAVID 2700 COVE CAY DR #2G CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD JONES, ROBERT 2620 COVE CAY DR 605 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BOB NOONAN 3010 LONG BROOKE WAY Clearwater FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPLEY, ROBERT 2620 COVE CAY DR #801 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LYONS, JOY 2614 COVE CAY DR 208 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD 2620 COVE CAY DR 307 Clearwater FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David L Hart David L. Hart DATE 3/16/06 DAYTIME PHONE # 727 536 1949