

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747459

FILED
Jan 14, 2009
Secretary of State

Entity Name: YACHTSMAN'S COVE SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

21611 MADERA RD.
FORT MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

CARRIE DOINE
21611 MADERA RD.
FORT MYERS BEACH, FL 33931 US

New Mailing Address:

FEI Number: 65-0183557 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARRIE, DOINE
21611 MADERA RD
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: P () Delete
Name: RAMOS, DENNIS
Address: 21611 MADERA RD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: THOMASS, TWEHUES
Address: 5025 COMPASS LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VP () Delete
Name: BEAMAN, LINDA
Address: 21591 MADERA RD.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: PRATER, JAMES
Address: 5031 WILLIAMS DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ST () Delete
Name: DOINE, CARRIE
Address: 21611 MADERA RD.
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SC (X) Change () Addition
Name: DOINE, CARRIE
Address: 21611 MADERA RD.
City-St-Zip: FORT MYERS BEACH, FL 33931

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: CARRIE DOINE

S

01/14/2009

Electronic Signature of Signing Officer or Director

Date