2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752071

FILED Apr 01, 2005 Secretary of State

Entity Name: COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	E CAY DRIVE TER, FL 33760	US			
Current Mailing Address:		New Mailii	New Mailing Address:		
3500 COVE CLEARWA	E CAY DR TER, FL 33760	US			
FEI Number:	59-1988406 I	FEI Number Applied For()	FEI Number Not Appli	Olicable () Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and	d Address of New Registered Agent:	
PAUGROSSI, GERALD T LCAM 3500 COVE CAY DRIVE CLEARWATER, FL 33760 US			3500 COVE	PANAGROSSI, GERALD T LCAM 3500 COVE CAY DRIVE CLEARWATER, FL 33760 US	
	named entity sub of Florida.	omits this statement for the pu	urpose of changing it	its registered office or registered agent, or both	
SIGNATURE: GERALD T. PANAGROSSI				04/01/2005	
	Electronic	Signature of Registered Age	nt	Date	
OFFICERS	AND DIRECTO	RS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () De RALSTON, EUGEN 2900 COVE CAY D CLEARWATER, FL	IE PRIVE, 6E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () De HOESCH, PAULA 2900 COVE CAY D CLEARWATER, FL	DR., 3E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () De ANDERSON, DON 3200 COVE CAY D CLEARWATER, FL	ALD C PR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () De WILLIAMS, EDGAR 3200 COVE CAY D CLEARWATER, FL	R R 3E	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition FORGRAV E, DONNA 3E00 COVE CAY DR 5A CLEARWATER, FL 33760	
Title: Name: Address: City-St-Zip:	PD () De HAUER, YOLANDA 3300 COVE CAY D CLEARWATER, FL	DRIVE 5F	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD C. ANDERSON TD 04/01/2005