

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2009
Secretary of State**

DOCUMENT# 752071

Entity Name: COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

3500 COVE CAY DRIVE
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

3500 COVE CAY DR
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-1988406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANAGROSSI, GERALD T LCAM
3500 COVE CAY DRIVE
CLEARWATER, FL 33760 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: ANDERSON, DONALD C
Address: 3200 COVE CAY DRIVE, 4F
City-St-Zip: CLEARWATER, FL 33760

Title: VD () Delete
Name: HOESCH, PAULA
Address: 2900 COVE CAY DR., 3E
City-St-Zip: CLEARWATER, FL 33760

Title: PD () Delete
Name: FRISKE, SHELDON
Address: 3400 COVE CAY DR., 7C
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: HAUER, YOLANDA
Address: 3300 COVE CAY DR., 5F
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: STORWICK, DORIS
Address: 3300 COVE CAY DRIVE, 7A
City-St-Zip: CLEARWATER, FL 33760

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

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: GERALD T, PANAGROSSI

LCAM

04/08/2009

Electronic Signature of Signing Officer or Director

Date