

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754043

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE COVES AT WHITE TROUT LAKE ASSOCIATION, INC.

Current Principal Place of Business:

10111 LAKE COVE LN
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

10111 LAKE COVE LN
TAMPA, FL 33618 US

New Mailing Address:

P. O. BOX 271284
TAMPA, FL 33688 US

FEI Number: 59-2224760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCHEDIAK, NANCY
10111 LAKE COVE LANE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

ALCHEDIAK, NANCY
10111 LAKE COVE LANE
TAMPA, FL 33618 US

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: NANCY ALCHEDIAK

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: COTO, LORI
Address: 10105 LAKE COVE LN
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: ALCHEDIAK, NANCY
Address: 10111 LAKE COVE LN
City-St-Zip: TAMPA, FL 33618

Title: PD () Delete
Name: CHANG, YUN TAE DR
Address: 10102 LAKE COVE LANE
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: JOHNSON, GEORGE
Address: 10114 LAKE COVE LANE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DELAROSA, DANIEL
Address: 10113 LAKE COVE LN
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DELAROSA, LYNNE
Address: 10113 LAKE COVE LN
City-St-Zip: TAMPA, FL 33618

Title: SD (X) Change () Addition
Name: BUTLER, ROBERT
Address: 10112 LAKE COVE LN
City-St-Zip: TAMPA, FL 33618

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

Title: TD (X) Change () Addition
Name: ALCHEDIAK, NANCY
Address: 10111 LAKE COVE LANE
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: FULLER, DAVID
Address: 10108 LAKE COVE LN
City-St-Zip: TAMPA, FL 33618

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: NANCY ALCHEDIAK

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date