2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754955

FILED Apr 30, 2009 Secretary of State

Entity Name: THE COVE OF SAN DE LORO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principa	New Principal Place of Business:	
8680 SCENIC HWY UNIT A PENSACOLA, FL 325 ²	14 US			
Current Mailing Address:		New Mailing	New Mailing Address:	
8680 SCENIC HWY UNIT A PENSACOLA, FL 325'	14 US			
FEI Number: 59-2748392	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()	
Name and Address of	Current Registered Agent:	Name and Ad	dress of New Registered Agent:	
DEAN, BARBARA 8680 SCENIC HWY UNIT 11 PENSACOLA, FL 32514 US		8680 ŚCENIC UNIT 11	DEAN, BARBARA 8680 SCENIC HWY UNIT 11 PENSACOLA, FL 32514 US	
The above named entit in the State of Florida.	y submits this statement for the p	urpose of changing its re	egistered office or registered agent, or both,	
SIGNATURE: BARBA	RA DEAN		04/30/2009	
Electr	onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRE	CTORS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS:	
Name: DEAN, BARB	C HWY. UNIT 11	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: SANSONE, F	C HIGHWAY UNIT 12	Address: 86	(X) Change () Addition NSONE, FRANK A 80 SCENIC HIGHWAY UNIT 12 NSACOLA, FL 32514	
Name: KOPKO, ROI	C HWY. UNIT #8	Address: 86	(X) Change () Addition LLER, CHET 80 SCENIC HWY. UNIT #10 NSACOLA, FL 32514	
Name: BOEBEL, BR	C HWY. UNIT #16	Address: 80	(X) Change () Addition RDAN, WILLIAM 60 SCENIC HWY. UNIT #2 NSACOLA, FL 32514	
Title: Name: Address: City-St-Zip:	() Delete	Address: 86	() Change (X) Addition RR, NANCY 80 SCENIC HWY, UNIT 4 NSACOLA, FL 32514	
Title: Name: Address: City-St-Zip:	() Delete	Address: 86	() Change (X) Addition WITT, JOHN 80 SCENIC HWY UNIT#15 NSACOLA, FL 32514	

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: BARBARA DEAN T 04/30/2009