## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756061** 

FILED Apr 17, 2006 Secretary of State

Entity Name: CEDAR COVE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1910 BAYWOOD TERR SARASOTA, FL 34231 LIS **Current Mailing Address: New Mailing Address:** 1980 BAYWOOD COURT 1990 BAYWOOD COURT SARASOTA, FL 34231 US SARASOTA, FL 34231 US FEI Number: 59-2182765 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GRAY, CORNELIA WOLF, LISA 1990 BAYWOOD CT. 1980 BAYWOOD CT. SARASOTA, FL 34231 US SARASOTA, FL 34231 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: LISA WOLF 04/17/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NOWICKI, NORA Name: Name: 1972 BAYWOOD TERRACE Address: Address: SARASOTA, FL 34231 City-St-Zip: City-St-Zip: Title: VD Title: VD (X) Change ( ) Addition ( ) Delete YAEGERS, LIZ Name: BROTCHNER, GLORIA Name: Address: 1901 BAYWOOD COURT Address: 1943 BAYWOOD TERRACE City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: () Delete Title: () Change () Addition WESTHOFF, KATHY Name: Name: 1981 BAYWOOD COURT Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: TD () Delete Title: TD (X) Change ( ) Addition GRAY, CORNELIA Name: Name: WOLF, LISA

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: LISA WOLF TD 04/17/2006

1980 BAYWOOD CT.

SARASOTA, FL 34231

Address:

City-St-Zip:

1990 BAYWOOD COURT

SARASOTA, FL 34231