

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756061

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

1940 BAYWOOD COURT
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

1990 BAYWOOD COURT
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-2182765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, LISA
1990 BAYWOOD CT.
SARASOTA, FL 34231 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: PD () Delete
Name: VALENTE, THOMAS
Address: 1940 BAYWOOD COURT
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: BROTCNER, GLORIA
Address: 1943 BAYWOOD TERRACE
City-St-Zip: SARASOTA, FL 34231

Title: S () Delete
Name: WESTHOFF, KATHY
Address: 1981 BAYWOOD COURT
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: WOLF, LISA
Address: 1990 BAYWOOD COURT
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: COUGHLIN, BRIDGET
Address: 1940 BAYWOOD COURT
City-St-Zip: SARASOTA, FL 34231

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: LISA M. WOLF

TD

04/10/2008

Electronic Signature of Signing Officer or Director

Date