

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756530

FILED
Jan 18, 2009
Secretary of State

Entity Name: COVE HOMEOWNERS ASSOCIATION OF LAKE HARRIS, INC.

Current Principal Place of Business:

30721 COVE RD
TAVARES, FL 32778

New Principal Place of Business:

30721 GLENN DR.
TAVARES, FL 32778

Current Mailing Address:

30721 GLENN DR
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-2959135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JENNIFER
30721 GLENN DR
TAVARES, FL 32778 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: P () Delete
Name: LOHKAMP, SUE
Address: 30749 COVE RD
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: MARTIN, KENNETH
Address: 30721 GLENN DR
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: DEKONING, DAWN
Address: 30849 COVE RD.
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: MARTIN, JENNIFER
Address: 30721 GLENN DR
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WHITTEN, DOLLIE
Address: 31202 COVE RD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: MURSH, BILL
Address: 31050 COVE RD
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOHKAMP, SUE
Address: 30749 GLENN DR.
City-St-Zip: TAVARES, FL 32778

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

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

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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: JENNIFER MARTIN

TREA

01/18/2009

Electronic Signature of Signing Officer or Director

Date