2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# 756808

Entity Name: CEDAR COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

192 E. 2ND ST.
P.O. BOX 837
CEDAR KEY, FL 32625 US

New Principal Place of Business:

Current Mailing Address:

192 E. 2ND ST.
P.O. BOX 837
CEDAR KEY, FL 32625 US

New Mailing Address:

FEI Number: 59-2242128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, WALTER G
441 PARK BLVD, S
VENICE, FL US

Name and Address of New Registered Agent:

WHITE, WALTER G
441 PARK BLVD, S
VENICE,, FL 34285 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: WALTER G. WHITE 02/16/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHITE, WALTER G
Address: 441 PARK BLVD, S
City-St-Zip: VENICE, FL

Title: T ( ) Delete
Name: WHITE, MARY A
Address: 2565 JOLLY RD 5250
City-St-Zip: COLLEGE PARK, GA 30349

Title: D ( ) Delete
Name: WHITE, THOMAS K
Address: 2382 RUGBY AVE
City-St-Zip: COLLEGE PARK, GA 30337

Title: SD ( ) Delete
Name: SARLES, ROBERT A.
Address: 9323 S.W. 8TH AVE.
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete
Name: STEFANI, PETER
Address: 192 2ND AVE - P.O. BOX 716
City-St-Zip: CEDAR KEY, FL

Title: D ( ) Delete
Name: LEWIS, ELIZABETH M
Address: 5580 SW 104TH CT - PO BOX 966
City-St-Zip: CEDAR KEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHITE, WALTER G
Address: 441 PARK BLVD, S
City-St-Zip: VENICE, FL 34285

Title: T (X) Change ( ) Addition
Name: WHITE, MARY A
Address: 2565 JOLLY RD STE 250
City-St-Zip: COLLEGE PARK, GA 30349

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

Title: ( ) Change ( ) Addition
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 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: WALTER G. WHJITE PRES 02/16/2006
Electronic Signature of Signing Officer or Director Date