

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761350

FILED
Apr 08, 2009
Secretary of State

Entity Name: MAR COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4301 32ND ST WEST
SUITE A-20
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

4301 32ND ST WEST
SUITE A-20
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 59-2441587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C&S CONDOMINIUM MGMNT. SERV., INC.
4301 32ND ST W.
SUITE A-20
BRADENTON, FL 34205 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: V () Delete
Name: FREEMAN, NEWELL
Address: 3045 MARINERS COVE DR, 113
City-St-Zip: CORTEZ, FL 34215

Title: S () Delete
Name: BOYHAN, CHRIS
Address: 3840 MARINERS WAY 526
City-St-Zip: CORTEZ, FL 34215

Title: T () Delete
Name: JAMES, ROGER
Address: 3840 MARINERS WAY 513
City-St-Zip: CORTEZ, FL 34215

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FREEMAN, NEWELL
Address: 3045 MARINERS COVE DR, 113
City-St-Zip: CORTEZ, FL 34215

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

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

Title: D () Change (X) Addition
Name: JIM, RESCHENBERG
Address: 3850 MARINERS WALK 721
City-St-Zip: CORTEZ, FL 34215

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: NEWELL FREEMAN

MR.

04/08/2009

Electronic Signature of Signing Officer or Director

Date