2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764468

FILED Mar 25, 2009 Secretary of State

Entity Name: AQUA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8420 AQUA COVE LANE N FORT MYERS, FL 33903

Current Mailing Address: New Mailing Address:

8420 AQUA COVE LANE N FORT MYERS, FL 33903

FEI Number: 59-2378028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUBAR, ROBERT 8420 AQUA COVE LANE N FORT MYERS, FL 33903 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CAIKINS, TERESA WELCH, WAYNE Name: Name:

8400 AQUA COUE LN Address: 8430 AQUA COUE LN Address: FT MYERS, FL 33903 City-St-Zip: City-St-Zip: FT MYERS, FL 33903

() Delete Title: Title: (X) Change () Addition BARRACCO, CARL Name: Name: BAKER, BRIAN

Address: 8350 AGUA COVE LN Address: 8410 AQUA COVE LN City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: () Delete Title: (X) Change () Addition BUBAR, ROBERT BUBAR, ROBERT Name: Name:

8420 AGUA COVE LN Address: Address: 8420 AQUA COVE LN

City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: DS () Delete Title: () Change () Addition Name:

HABAYEB, LOUISE Name: Address: 8431 AQUA COVE LANE Address: City-St-Zip: FORT MYERS, FL 33903 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: ROBERT BUBAR Т 03/25/2009