2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 768534

Entity Name: SPORTSMAN'S COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14360 SOUTH TAMIAMI TRAIL
UNIT B
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

14360 SOUTH TAMIAMI TRAIL
UNIT B
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-2394322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, PAUL
C/O PEM PROPERTY MANAGEMENT
14360 S. TAMIAMI TRAIL, UNIT B
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SAPP, PAUL L
C/O P & M PROPERTY MANAGEMENT
14360 S. TAMIAMI TRAIL, UNIT B
FORT MYERS, FL 33912 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: PAUL L. SAPP 01/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MULLEN, KARIN
Address: 14360 S. TAMIAMI TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete
Name: APPLE, CINDY
Address: 14360 S. TAMIAMI TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: T ( ) Delete
Name: FLANNERY, SHARON
Address: 14360 S. TAMIAMI TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: DAVIS, JAMES
Address: 14360 S. TAMIAMI TRAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: PD ( ) Delete
Name: SMITH, RICHARD
Address: 14360 S. TAMIAMI TRAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: APPLE, CINDY
Address: 14360 S. TAMIAMI TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: VP (X) Change ( ) Addition
Name: MULLEN, KARIN
Address: 14360 S. TAMIAMI TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33912

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 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: PAUL L SAPP REG 01/12/2009
Electronic Signature of Signing Officer or Director Date