2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90441 007 ****61.25

DOCUMENT # 771052

1. Entity Name
SILVER COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
727 VIA TRIPOLI UNIT A-111 PUNTA GORDA, FL 33950	727 VIA TRIPOLI UNIT A-111 PUNTA GORDA, FL 33950

02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2421 Shreve ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 115
City & State	City & State PUNTA Gorda FL
Zip / Country	Zip 33950 / Country Charlotte

4. FEI Number 31-1102212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTY, FRED
121 EAST CHARLOTTE AVENUE
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name Dorothy M Bennett
Street Address (P.O. Box Number is Not Acceptable) 2421 Shreve ST STE 115
City PUNTA Gorda **FL** Zip Code 33950

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorothy M. Bennett 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHRISTY, FRED 1818 WESLEY DRIVE UNIT B111 PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRUNHORST, WILLIAM 2820 MARLIN PLACE PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CUMMINS, GAIL 1318 WESLEY DRIVE B-122 PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy M. Bennett R.A./C.A.M. 4/25/07 941-639-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #