2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMEN I # 7/1052 1. Entity Name SILVER COVE CONDOMINIUM ASSOCIATION, INC.							04	1-30-2007 9	90441 00	7 ****61.	25	
Principal Place of Business 727 VIA TRIPOLI UNIT A-111 PUNTA GORDA, FL 33950			727 V Unit <i>i</i>	Mailing Address 727 VIA TRIPOLI UNIT A-111 PUNTA GORDA, FL 33950					- 			
Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address She Reve ST Suite, Apt. #, etc.									
			STE 115					02152007 _C	hg-NP	CR2E03	37 (12/06)	
City & State			PUNTA GORDA FL				FL	4. FEI Number 31-110221	12		<u> </u>	plied For Applicable
Zip		Country	Zip 3	3950	S S	harla	tte	5. Certificate of S	tatus Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registered	Agent				7. Name and Add	iress of New R	legistered /	Agent	
CHRISTY,	FRED					Name	0	Rothu	mB	ENL	eTT	
121 EAST CHARLOTTE AVENUE PUNTA GORDA, FL 33950						Street Add	ress (F	O. Box Number is	Not Acceptable	7 5	Te 11.	5
					City P		TA GOR		FL		750	
	i rlamed entit tions of regist	y submits this statement for tered agent.	r the purpo:	se of changing it	s register	ed office or re	egistere	ed agent, or both, in	the State of Flo	orida. I am i	familiar with,	and accept
SIGNATURE Signature, typed by printed name of register-dagent 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			payable to	
10.	Due by N		RECTORS	Trust Fund	Contribut	ion.	j	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flor	lda Depar	tment of St	ate 10
TITLE	PD PD	OFFICERS AND DIF	RECTORS		Contribut	ion.	j	Added to Fees	Flor	lda Depar	tment of St	ate
	PD CHRISTY	OFFICERS AND DIF		Trust Fund	Contribut 11. TITU NAM	ion.	j	Added to Fees	Flor	lda Depar	tment of St	ate 10
TITLE NAME	PD CHRISTY 1818 WES PUNTA G	Aay 1, 2007 OFFICERS AND DIF		Trust Fund	11.	ion.	j	Added to Fees	Flor	lda Depar	tment of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD CHRISTY 1818 WES PUNTA G	OFFICERS AND DIF OFFICERS AND DIF		Trust Fund	Contribut 11. TITH NAM STRE CITY	E ET ADDRESSST-ZIP	j	Added to Fees	Flor	lda Depar	tment of St	ate 10
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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941-639-1142

Daytime Phone #