2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90026 009 ***150.00

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1. Entity Name
ALCOVE MOBILE HOME OWNERS' ASSOC. INC.

40057018

Principal Place of Business	Mailing Address
1600 OLD COACHMAN ROAD #217 CLEARWATER, FL 33765-1618	1600 OLD COACHMAN ROAD #217 CLEARWATER, FL 33765-1618

02182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2493283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGES, PAUL S. ~~50 SOUTH BELCHER AVE~~ ~~#115~~ CLEARWATER, FL 33765	Name Street Address (P.O. Box Number is Not Acceptable) change of street address only 2189 Logan St City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACKERMAN, RICHARD 1600 OLD COACHMAN RD #815 CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACKERMAN,RICHARD A 1600 OLD COACHMAN ROAD #413 CLEARWATER, FL 33765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROSTEFFON, DONALD F 1600 OLD COACHMAN ROAD #815 CLEARWATER, FL 33765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUMKE, JERRY D 1600 OLD COACHMAN ROAD #714 CLEARWATER, FL 33765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JONES, ESTHER 1600 OLD COACHMAN ROAD #110 CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTON, DAVID L 1600 OLD COACHMAN ROAD #914 CLEARWATER, FL 33765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMBARD, RUSSELL 1600 OLD COACHMAN ROAD #506 CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWTON JAMES H 1600 OLD COACHMAN ROAD #906 CLEARWATER, FL 33765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, JERRY A 1600 OLD COACHMAN RD #511 CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LANE, JERRY A 1600 OLD COACHMAN ROAD #511 CLEARWATER, FL 33765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANILTON, NANCY L 1600 OLD COACHMAN RD 812 CLEARWATER, FL 33765	☒ 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 607, 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: Richard A Ackerman 3-28-08 727 797 5438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard A. Ackerman