## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92727

Apr 11, 2012 Secretary of State

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

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

7300 PARK STREET 1600 N OLD COACHMAN ROAD SEMINOLE, FL 33777 CLEARWATER, FL 33765

**Current Mailing Address: New Mailing Address:** 

7300 PARK STREET C/O RESOURCE PROPERTY MANAGEMENT SEMINOLE, FL 33777 7300 PARK STREET

SEMINOLE, FL 33777

FEI Number: 59-2493283 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:

REINHARDT, DEBRA JONATHAN DAMONTE, P.A. 7300 PARK STREET 12110 SEMINOLE BLVD SEMINOLE, FL 33777 US LARGO, FL 33778

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: JONATHAN DAMONTE, P.A. 04/11/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRFS

DUMKE, LOYCE J Name:

1600 OLD COACHMAN ROAD #714 Address:

City-St-Zip: CLEARWATER, FL 33765

Title: VPD

Name: CONNELY, BRENDA

1600 OLD COACHMAN ROAD #515 Address: City-St-Zip:

CLEARWATER, FL 33765

Title: SEC

WESTON, DAVID L Name:

1600 OLD COACHMAN ROAD #914 Address:

City-St-Zip: CLEARWATER, FL 33765

Title: TREA

LANE, JERRY Name:

Address: 1600 OLD COACHMAN ROAD #511

City-St-Zip: CLEARWATER, FL 33765

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA REINHARDT CEO 04/11/2012