

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M79655

FILED  
Jul 13, 2009  
Secretary of State

Entity Name: GARDEN COVE RESIDENCE ASSOCIATION, INC.

## Current Principal Place of Business:

BCH GROUP MANAGEMENT, INC.  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907

## New Mailing Address:

FEI Number: 65-0048861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, DIANA L  
BCH MANAGEMENT GROUP, INC.  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

MOORE, DIANA L  
BCH GROUP MANAGEMENT, INC.  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907 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: DIANA L. MOORE

07/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COTE, ROBERT  
Address: 2 GARDEN DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete  
Name: BLAAUBOER, PETER  
Address: 17 COVES END  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: FENZEL, JOHN  
Address: 26 RED POINCIANA DR  
City-St-Zip: FORT MYERS, FL 33908

Title: T ( ) Delete  
Name: FRANTZ, ROGER  
Address: 39 RED POINCIANA DR  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: FENZEL, JOHN  
Address: 26 RED POINCIANA DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete  
Name: LANGE, IRENE  
Address: 6 GARDEN DRIVE  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ROBERT COTE

PD

07/13/2009

Electronic Signature of Signing Officer or Director

Date