

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000637

FILED
Apr 10, 2008
Secretary of State

Entity Name: GEORGIA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

FEI Number: 59-3626417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 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:

04/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: RIVERA, LUIS
Address: 4742 JETTY STREET
City-St-Zip: ORLANDO, FL 32817

Title: PD () Delete
Name: GLICKMAN, GARY
Address: 4747 JETTY STREET
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: LACH, MARIE
Address: 4627 JETTY STREET
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: JAMES, L. DALE
Address: 4718 JETTY STREET
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: MOYE, DON
Address: 4519 SEAFARER WAY
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: VALLILLO, JOHN
Address: 4536 DEAFARER WAY
City-St-Zip: ORLANDO, FL 32817

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

SIGNATURE: GARY GLICKMAN

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date