

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000637

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** GEORGIA COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

**Current Mailing Address:**

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

**New Mailing Address:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

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

**Name and Address of New Registered Agent:**

LELAND MANAGEMENT, INC.  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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:

04/15/2009

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: VALLILLO, JOHN  
Address: 4536 DEAFARER WAY  
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: ( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY GLICKMAN

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date