

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006712

FILED
Apr 15, 2009
Secretary of State

Entity Name: CORAL COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3899 CAPE HAZE DR
ROTONDA WEST, FL 33947

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 845
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 65-1047084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANDENBERGER, JOHN
3899 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PHILLIPS, JOHN
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: DV () Delete
Name: PAFFI, DAVID
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: DST () Delete
Name: HAYNIE, GAYLE
Address: 3899 CAPE HAZE
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: FARRELL, ROBERT
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: JOLOKAI, JOHN
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PHILLIPS, JOHN
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: DP (X) Change () Addition
Name: PAFFI, DAVID
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

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

Title: DV (X) Change () Addition
Name: BARNETT, BILL
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: D (X) Change () Addition
Name: STEWART, DOUG
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

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: JOHN PHILLIPS

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date