

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006985

FILED
Apr 04, 2008
Secretary of State

Entity Name: DOMENICA COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

125 NOBLAT DR
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

4236 BOBCAT COVE
NICEVILLE, FL 32578

New Mailing Address:

408 KELLY PLANTATION DRIVE
UNIT 309
DESTIN, FL 32541

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORNACIARI, PETER
4236 BOBCAT COVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

FORNACIARI, PETER
408 KELLY PLANTATION DRIVE
UNIT 309
DESTIN, FL 32541 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: _____

04/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOANG, BE
Address: 8120 COSICA BOULEVARD
City-St-Zip: NAVARRE, FL 32566

Title: T () Delete
Name: FORNACIARI, PETER
Address: 4236 BOBCAT COVE
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: EUDAHY, CHRIS
Address: 392 PRISTINE WATER LN
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: FORNACIARI, PETER
Address: 408 KELLY PLANTATION DRIVE, UNIT 309
City-St-Zip: DESTIN, FL 32541

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: PETER FORNACIARI

T

04/04/2008

Electronic Signature of Signing Officer or Director

Date