

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008207

FILED
Apr 03, 2008
Secretary of State

Entity Name: COVE ON THE BAY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-3698632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 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: PD () Delete
Name: PHARR, ROBERT
Address: 6531 KIRBY FOREST COVE
City-St-Zip: MEMPHIS, TN 38119

Title: VPD () Delete
Name: SMITH, ROBERT
Address: PO BOX 846
City-St-Zip: STARKVILLE, MS 37959

Title: STD () Delete
Name: MOORE, RANDI
Address: 873 TULIP POPLAR DR.
City-St-Zip: BIRMINGHAM, AL 35244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PHARR, ROBERT
Address: 6531 KIRBY FOREST COVE
City-St-Zip: MEMPHIS, TN 38119

Title: PD (X) Change () Addition
Name: SMITH, ROBERT
Address: PO BOX 846
City-St-Zip: STARKVILLE, MS 37959

Title: STD (X) Change () Addition
Name: CURTIS, CHRIS
Address: PO BOX 5127
City-St-Zip: CHATTANOOGA, TN 37406

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: ROBERT SMITH

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date