

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90052 007 \*\*\*\*61.25

**DOCUMENT # N02000000299**

1. Entity Name

COZY COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
9024 MIDNIGHT PASS RD.  
SARASOTA FL 34242

Mailing Address  
9024 MIDNIGHT PASS RD.  
SARASOTA FL 34242



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2402789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, KEVIN T ESQ.  
2033 MAIN ST., SUITE 403  
SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LESTER, DONALD  
STREET ADDRESS 9024 MIDNIGHT PASS RD.  
CITY- ST- ZIP SARASOTA FL

TITLE D ☐ Delete  
NAME MCKENNA, BRIAN  
STREET ADDRESS 4905 SABEL LK CIR  
CITY- ST- ZIP SARASOTA FL 34258

TITLE DS ☐ Delete  
NAME LESTER, NANCY  
STREET ADDRESS 9024 MIDNIGHT PASS RD.  
CITY- ST- ZIP SARASOTA FL 34242

TITLE V ☐ Delete  
NAME NUTTER, EDWARD  
STREET ADDRESS 5291 BOX TURTLE CIR  
CITY- ST- ZIP SARASOTA FL 34242

TITLE D ☐ Delete  
NAME NUTTER, INGRID  
STREET ADDRESS 5291 BOX TURTLE CIR  
CITY- ST- ZIP SARASOTA FL 34242

TITLE D ☒ Delete  
NAME BUTLER, TOM  
STREET ADDRESS 9030 MIDNIGHT PASS RD  
CITY- ST- ZIP SARASOTA FL 34242

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy W. Lester, Secy.*

*4/5/07 941-346-8168*