

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000299

FILED
Feb 01, 2009
Secretary of State

Entity Name: COZY COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9024 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

9024 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-2402789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF LOBECK & HANSON
2033 MAIN ST., SUITE 403
SARASOTA, FL 34237 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: D () Delete
Name: LESTER, DONALD
Address: 9024 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: MCKENNA, BRIAN
Address: 4905 SABEL LK CIR
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: LESTER, NANCY
Address: 9024 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: NUTTER, EDWARD
Address: 5291 BOX TURTLE CIR
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: NUTTER, INGRID
Address: 5291 BOX TURTLE CIR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: AKIN, TIM
Address: 507 OAK BAY DR.
City-St-Zip: OSPREY, FL 34229

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:

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: INGRID NUTTER

T

02/01/2009

Electronic Signature of Signing Officer or Director

Date