

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90022 009 ****61.25

DOCUMENT # N02000001019

1. Entity Name
ALAFIA COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**409 E COLLEGE AVE
APOLLO BEACH, FL 33572**

Mailing Address
**P.O. BOX 1058
RUSKIN, FL 33575**

40043268



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
71-0864841

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KING, DEE ANNE
409 E COLLEGE AVENUE
RUSKIN, FL 33570**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☐ Delete
NAME **MANDELL, ROBERT**
STREET ADDRESS **8834 AKAFIA COVE DRIVE**
CITY - ST - ZIP **RIVERVIEW, FL 33569**

TITLE **V** ☐ Delete
NAME **MCKINNEY, LARRY**
STREET ADDRESS **808 ALAFIA COVE DRIVE**
CITY - ST - ZIP **RIVERVIEW, FL 30569**

TITLE **D** ☒ Delete
NAME **CURRY, CAROLYN**
STREET ADDRESS **8844 ALAFIA COVE DRIVE**
CITY - ST - ZIP **RIVERVIEW, FL 33569**

TITLE **T** ☒ Delete
NAME **HUNT, COURTLAND**
STREET ADDRESS **8848 ALAFIA COVE DR.**
CITY - ST - ZIP **RIVERVIEW, FL 33569**

TITLE **S** ☒ Delete
NAME **CRUZ, INGRID**
STREET ADDRESS **8835 ALAFIA COVE DR.**
CITY - ST - ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Conn, James**
STREET ADDRESS **8821 Alafia Cove Drive**
CITY - ST - ZIP **Riverview, FL 33569**

TITLE **V** ☐ Change ☒ Addition
NAME **Minor, Herbert**
STREET ADDRESS **8831 Alafia Cove Drive**
CITY - ST - ZIP **Riverview, FL 33569**

TITLE **V** ☐ Change ☒ Addition
NAME **Weachter, John**
STREET ADDRESS **8835 Alafia Cove Drive**
CITY - ST - ZIP **Riverview, FL 33569**

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 Chapter 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:

Robert Mandell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08
Date

8136451509
Daytime Phone #