

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001019

FILED
Mar 13, 2009
Secretary of State

Entity Name: ALAFIA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

409 E COLLEGE AVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

409 E COLLEGE AVE
RUSKIN, FL 33570

Current Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 71-0864841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, DEE ANNE
409 E COLLEGE AVENUE
RUSKIN, FL 33570 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: P () Delete
Name: MANDELL, ROBERT
Address: 8834 AKAFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: MCKINNEY, LARRY
Address: 808 ALAFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 30569

Title: T () Delete
Name: CONN, JAMES
Address: 8821 ALAFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Delete
Name: MINOR, HERBERT
Address: 8831 ALAFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Delete
Name: WEACHTER, JOHN
Address: 8835 ALAFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANDELL, ROBERT
Address: 8834 ALAFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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

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

Title: V (X) Change () Addition
Name: KENDREW, ERIC
Address: 8849 ALAFIA COVE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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: DEE ANNE KING

RA

03/13/2009

Electronic Signature of Signing Officer or Director

Date