

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006085

FILED
Mar 15, 2009
Secretary of State

Entity Name: THE COVES OF CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2414 SHIRECREST COVE WAY
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2407
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 14-1854607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESSLEY, KEITH
2230 SHIRECREST WAY
LUTZ, FL 33558 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: MANCINI, BOB
Address: 2310 BRENTHAVEN CROSSING
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: ROWLAND, STEVEN M
Address: 2237 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558Y

Title: D () Delete
Name: PRESSLEY, KEITH
Address: 2230 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEPA-ROTTLER, KAREN
Address: 2249 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change () Addition
Name: ROWLAND, STEVEN M
Address: 2237 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558

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

Title: D () Change (X) Addition
Name: KRUEGER, RICHARD
Address: 2243 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558

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: KEITH PRESSLEY

D

03/15/2009

Electronic Signature of Signing Officer or Director

Date