2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N03000000448

Entity Name: CONSERVANCY AND COMMUNITY TRUST OF SOUTH GULF COVE, INC.

Current Principal Place of Business:

13465 BLAKE DRIVE
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 453
PLACIDA, FL 339460453

New Mailing Address:

FEI Number: 51-0441495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGUIRE, JOHN B
13465 BLAKE DRIVE
PORT CHARLOTTE, FL 33981 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: PD ( ) Delete
Name: MCGUIRE, JOHN B
Address: 13465 BLAKE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: SD ( ) Delete
Name: YEE, ANN
Address: 15684 RUSTON CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T/D ( ) Delete
Name: AHERN, CHRISTINE
Address: 15438 ARON CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VPD ( ) Delete
Name: CHATTINGER, PAUL
Address: 15416 ARIBE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33981

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:

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: JOHN B. MCGUIRE PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date