2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2008 8:00 am Secretary of State DOCUMENT # N03000010943 03-12-2008 90031 028 ****61.25 COUNTRY COVE ESTATES ASSOCIATION, INC. Principal Place of Business Mailing Address 40042141 6363 NW 6 WAY STE 250 6363 NW 6 WAY STE 250 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 Principal Place of Business - No P.O. Box # Nogo: * Management Mailing Address lo Phoenix Management Suite, Apt. #, etc. Suite, Apt. #, etc. 3 0 8 2 5 0 03052008 Chq-NP CR2E037 (12/06) City & State Applied For 4. FEI Number 56-2427858 Not Applicable Country 42A Country \$8.75 Additional 3,346-5. Certificate of Status Desired Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name osen that ()avid SHELLEY, ROBERT Street Address (P.O. Box Number is Not Acceptable) C/O PHOENIX MANAGEMENT INC hoenix managemen 3082 JOG ROAD LAKE WORTH, FL 33467 3082 Jog RAG Most 33467 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITI F Delete TITLE Change (Addition Cummis Marc 6063 Pont Bluff Cd. SHELLEY, ROBERT NAME STREET ADDRESS 6363 NW 6 WAY STE 250 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP Lake worth FC TITLE Delete TITLE ☐ Change 45 Addition Gordon Ellist SHORT, JACK NAME 6070 Country Estate or Lake World FC 33467 STREET ADDRESS 6363 NW 6 WAY STE 250 STREET ADDRESS FT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition VOLLER, CINDY Lobban Norman 9162 Ocic alley Or. NAME NAME STREET ADDRESS 6363 NW 6 WAY, SUITE 250 STREET ADDRESS FT. LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP LATE WOLL FL 33467 TITLÊ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 it 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.

FILED

Daytime Phone #