


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000000687</b>		
1. Entity Name <b>SUWANNEE COVE CONDOMINIUM ASSOCIATION, INC.</b>		

Principal Place of Business <b>114 NE FIRST STREET TRENTON, FL 32693</b>	Mailing Address <b>POST OFFICE BOX 308 TRENTON, FL 32693</b>
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-2742272</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BURT, THEODORE M  
114 NE FIRST STREET, PO BOX 308  
TRENTON, FL 32693**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U00000424182  
02/18/06-80038-007 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, FREDRIC R 13410 NW 49TH AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, THEODORE M 114 NE FIRST STREET, PO BOX 308 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, KELLY 13410 NW 49TH AVENUE GAINESVILLE, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *[Signature]* **2/2/06** **352-331-3066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #