## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000687

Name:

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Entity Name: SUWANNEE COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1731 SW 6TH ST SUITE A GAINESVILLE, FL 32609 **New Mailing Address: Current Mailing Address:** PO BOX 14506 GAINESVILLE, FL 32604 FEI Number: 20-2742272 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WESTON & ED BAUR MGMT., INC ED BAUR MANAGEMENT, INC. DBA FL COMMUNITY MGMT 1731 NW 6TH STREET 1731 NW 6TH ST SUITE A STE A GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 US 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: HAL WHITTET 03/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SHORE, FREDRIC R SHORE, FREDRIC R Name: Name: 13410 NW 49TH AVENUE Address: 13410 NW 49TH AVENUE Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606 Title: SD () Delete Title: (X) Change ( ) Addition BURT, THEODORE M Name: MITCHELL, ROBERT Name: Address: 114 NE FIRST STREET. PO BOX 308 Address: 7815 NW 20TH LANE City-St-Zip: TRENTON, FL 32693 City-St-Zip: GAINESVILLE, FL 32605 US Title: VPD Title: (X) Change ( ) Addition () Delete HARTLEY, CHERYL WHITE, JOB Name: Name: 1223 NW 114TH DRIVE Address: 10216 SW 49TH LANE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32606 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: BOLTON, JOE 2605 NW 75TH STREET Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32606 US Title: () Delete Title: ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

SEAY, BEN

3324 PEACHTREE RD. NE #1602

ATLANTA, GA 30326 US

SIGNATURE: ROBERT MITCHELL P 03/30/2009