## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000947

FILED Apr 20, 2009 Secretary of State

Entity Name: SOUTH COVE AT SUMMERFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
STE 100	ERER DR. N SBURG, FL	33716		SUITE 100	ERER DR. N SBURG, FL	33716		
Current Mailing Address:				New Mailing Address:				
STE 100	ERER DR. N SBURG, FL	33716		SUITE 100	ERER DR. N SBURG, FL	33716		
El Number:	20-0982442	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of S	Status Desired (	)
Name and	Address of (	Current Registered Agent:	Name and Address of New Registered Agent:					
	MICHAEL EAVE. STE A , FL 34677	US	BRUDNY, MICHAEL 200 N PINE AVE. SUITE A OLDSMAR, FL 34677 US					
The above n the State		submits this statement for the p	ourpose o	f changing it	s registered o	office or registe	ered agent, or l	ooth,
SIGNATURE:				04/20/2009				
	Electro	nic Signature of Registered Age	ent			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Fitle: Name: Address: City-St-Zip:	P ( WOODEN, HO 11568 MISTY I RIVERVIEW, F	SLE LN		Title: Name: Address: City-St-Zip:	(	) Change ( ) Add	lition	
Fitle: Name: Address: City-St-Zip:	VP ( DICKEY, ERIC 11544 MISTY I RIVERVIEW, F	SLE LN		Title: Name: Address: City-St-Zip:	(	) Change ()Add	lition	
Fitle: Name: Address: City-St-Zip:	S ( NEALLY, MICH 13220 EVENIN RIVERVIEW, F	G SUNSET LN		Title: Name: Address: City-St-Zip:	(	) Change ()Add	lition	
Fitle: Name: Address: City-St-Zip:	T ( O'BRIEN, RICH 11461 MISTY I RIVERVIEW, F	SLE LN		Title: Name: Address: City-St-Zip:	(	) Change()Add	lition	
Fitle: Name: Address: City-St-Zip:	D ( LAUPER, FRE 11620 TROPIC RIVERVIEW, F	CAL ISLE LN		Title: Name: Address: City-St-Zip:	D (X WILLIAMS, RO 11547 MISTY I RIVERVIEW, F	ISLE LANE	dition	
Fitle: Name: Address: City-St-Zip:	D ( ENGLISH, TON 11616 TROPIC RIVERVIEW, F	CAL ISLE LN		Title: Name: Address: City-St-Zip:	D (X ABBOTT, DEAI 11546 MISTY I RIVERVIEW, F	ISLE LANE	dition	

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: NICHOLAS KARISTINOS LCAM 04/20/2009