

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004525

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE COVE AT SIX MILE CYPRESS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 76-0799643 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 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: VPD () Delete
Name: MULLIN, CHRISTOPHER
Address: 8326 BERNWOOD COVE LOOP #906
City-St-Zip: FORT MYERS, FL 33966

Title: PD () Delete
Name: HUBBARD, JERRY
Address: 16290 KELLY COVE DR #262
City-St-Zip: FORT MYERS, FL 33966

Title: TD () Delete
Name: DABROSKI, WILLIAM
Address: 8358 BERNWOOD COVE LOOP #701
City-St-Zip: FORT MYERS, FL 33966

Title: SD () Delete
Name: TAYLOR, BRADLEY
Address: 8546 BERNWOOD COVE LOOP #1109
City-St-Zip: FORT MYERS, FL 33966

Title: D () Delete
Name: SPAHN, SANDRA
Address: 8461 BERNWOOD COVE LOOP #303
City-St-Zip: FORT MYERS, FL 33966

Title: D () Delete
Name: STAFANOSKI, JANINE
Address: 8513 BERNWOOD COVE LOOP #205
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: TURNER, JERRY
Address: 2467 ROUND TABLE COURT
City-St-Zip: FORT MYERS, FL 33912

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: JERRY HUBBARD

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date