

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005526

FILED
Apr 29, 2009
Secretary of State

Entity Name: BROWARD COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

330 CROSSING BLVD.
SUITE 200
ORANGE PARK, FL 32073

New Principal Place of Business:

1712 KINGSLEY AV
SUITE 2
ORANGE PARK, FL 32073

Current Mailing Address:

C/O COMPLETE ASSOC. MGMT
POB 65908
ORANGE PARK, FL 32065

New Mailing Address:

C/O COMPLETE ASSOC. MGMT
POBOX 65908
ORANGE PARK, FL 32065

FEI Number: 20-4547421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENSELL, KURT A
%COMPLETE ASSOCIATION MANAGEMENT, INC.
2455 CAMPHORWOOD CT.
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

ENSELL, KURT A
C/O COMPLETE ASSOCIATION MANAGEMENT, INC.
1712 KINGSLEY AV STE 2
ORANGE PARK, FL 32073 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:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZAKREWSKI, MICHAEL A
Address: 330 CROSSING BLVD. SUITE 200
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: BEALLE, KEVIN
Address: 330 CROSSING BLVD. SUITE 200
City-St-Zip: ORANGE PARK, FL 32073

Title: ST () Delete
Name: LIMA, CYNTHIA
Address: 330 CROSSING BLVD. SUITE 200
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCCLINTON, RENITA
Address: 1712 KINGSLEY AV STE 2
City-St-Zip: ORANGE PARK, FL 32073

Title: DVS (X) Change () Addition
Name: COLEMAN, ROBERT
Address: 1712 KINGSLEY AV STE 2
City-St-Zip: ORANGE PARK, FL 32073

Title: DT (X) Change () Addition
Name: PRIOLEAU, BRIAN
Address: 1712 KINGSLEY AV STE 2
City-St-Zip: ORANGE PARK, FL 32073

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: ROBERT COLEMAN

DVS

04/29/2009

Electronic Signature of Signing Officer or Director

Date