2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N05000011899

Entity Name: CAMPBELL COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-8669642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR 04/10/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NICHOLSON, ANTHONY J
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: CASLOW, SHARON
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NICHOLSON, ANTHONY J
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TSD (X) Change ( ) Addition
Name: CASLOW, SHARON
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD ( ) Change (X) Addition
Name: NICHOLSON, SONJA
Address: 870 SUNSHINE LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANTHONY J NICHOLSON PD 04/10/2008
Electronic Signature of Signing Officer or Director Date