2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
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:

870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

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

New Mailing Address:

870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-8669642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NICHOLSON-PEGASUS INC
870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 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: ANTHONY J NICHOLSON, PRES 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: NICHOLSON-PEGASUS INC
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANTHONY J NICHOLSON, RA RA 05/01/2009
Electronic Signature of Signing Officer or Director Date