2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012301

FILED Jan 16, 2009 Secretary of State

Entity Name: HART LAKE COVE HOMEOWNERS ASSOCIATION, INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
309 FISH H WINTER H	HAWK DR HAVEN, FL 33884	121 RAINTREE CT AUBURNDALE, FL 33823
Current Ma	ailing Address:	New Mailing Address:
SUITE 208	RESS GARDENS BLVD IAVEN, FL 33884	PO BOX 95 AUBURNDALE, FL 33823
FEI Number:	20-4831403 FEI Number Applied For () FEI N	umber Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
309 FISH F	LOUIS J JR HAWK DR IAVEN, FL 33884 US	BURMAN, DAVID L 121 RAINTREE CT AUBURNDALE, FL 33823 US
	named entity submits this statement for the purpose of Florida.	e of changing its registered office or registered agent, or both,
SIGNATUR	RE: DAVID L BURMAN	01/16/2009
	Electronic Signature of Registered Agent	Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete CURRIER, LOUIS J JR 309 FISH HAWK DR WINTER HAVEN, FL 33884	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete GRANT, GAIL 306 WHITE IBIS LN WINTER HAVEN, FL 33884	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete MORALES, PAUL 372 FISH HAWK DR WINTER HAVEN, FL 33884	Title: D (X) Change () Addition Name: MORALES, PAUL Address: 372 FISH HAWK DR City-St-Zip: WINTER HAVEN, FL 33884
Title: Name: Address: City-St-Zip:	SD () Delete SERGI, NANCY 173 FISH HAWK DR WINTER HAVEN, FL	Title: SD (X) Change () Addition Name: WHITAKER, MICHELLE Address: 311 WHITE IBIS LANE City-St-Zip: WINTER HAVEN, FL
Title: Name: Address: City-St-Zip:	TD (X) Delete MEGNA, LISA 193 FISH HAWK DR WINTER HAVEN, FL 33884	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD (X) Delete PITTMAN, NANCY 201 FISH HAWK DR WINTER HAVEN, FL 33884	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: DAVID L BURMAN RA 01/16/2009