


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90024 017 ****61.25

DOCUMENT # N06000005712					
1. Entity Name THE COVE AT LAKE HALL HOMEOWNERS' (PROPERTY OWNERS') ASSOCIATION, INC.					
Principal Place of Business 215 SOUTH MONROE STREET SUITE 802 TALLAHASSEE, FL 32301 US			Mailing Address 215 SOUTH MONROE STREET SUITE 802 TALLAHASSEE, FL 32301 US		
2. Principal Place of Business - No P.O. Box # 201 S. Monroe Street			3. Mailing Address Post Office 1351		
Suite, Apt. #, etc. 4th Floor			Suite, Apt. #, etc.		
City & State Tallahassee, FL			City & State Tallahassee, FL		
Zip 32301		Country US		Zip 32302	
Country US		03282008 Chg-NP CR2E037 (12/06)			
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHIPPS, BENJAMIN K 215 SOUTH MONROE STREET SUITE 802 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Benjamin K. Phipps Street Address (P.O. Box Number is Not Acceptable) 201 S. Monroe Street 4th Floor City Tallahassee FL Zip Code 32301		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPPS, BENJAMIN K <input type="checkbox"/> Delete 215 SOUTH MONROE STREET, SUITE 802 TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benjamin K. Phipps <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. Monroe Street, 4th Floor Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7 Apr 08 888-222-7000 <small>Date Daytime Phone #</small>		