2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007537

FILED Aug 31, 2009 Secretary of State

Entity Name: COVE AT ROSE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

121 SW DANTE TERRACE 418 SW MEADOW TERR LAKE CITY, FL 32024 LAKE CITY, FL 32024

Current Mailing Address: New Mailing Address:

121 SW DANTE TERRACE 418 SW MEADOW TERR LAKE CITY, FL 32024 LAKE CITY, FL 32024

FEI Number: 20-8082785 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:

KIRSCH, ALEX C
121 SW DANTE TERRACE
LAKE CITY, FL 32024 US

NICKELSON, DANIEL
418 SW MEADOW TERR
LAKE CITY, FL 32024 US

LAKE CITY, FL 32024 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: DANIEL NICKELSON 08/31/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 RIMERT, NICHOLAS
 Name:
 NICKELSON, DANIEL J

 Address:
 138 SW OAKWOOD CRT
 Address:
 418 SW MEADOW TERR

Address: 138 SW OAKWOOD CRT Address: 418 SW MEADOW TER City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32024

Title: DT () Delete Title: DT (X) Change () Addition Name: KIRSCH, ALEX C Name: NICKELSON, GAIL F

Address: 121 SW DANTE TERRACE Address: 418 SW MEADOW TERR
City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32024

Title: DVP () Delete Title: () Change () Addition

 Name:
 MILLER, CHRISTOPHER D
 Name:

 Address:
 944 SW JAGUAR DR
 Address:

 City-St-Zip:
 LAKE CITY, FL 32024
 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: DANIEL NICKELSON DP 08/31/2009