

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007537

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

440 SW EMORYWOOD  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3631  
LAKE CITY, FL 32024

**New Mailing Address:**

**FEI Number:** 20-8082785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICKELSON, DANIEL J  
440 SW EMORYWOOD  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** NICKELSON, DANIEL J  
**Address:** 440 SW EMORYWOOD  
**City-St-Zip:** LAKE CITY, FL 32024

**Title:** DT  
**Name:** NICKELSON, GAIL F  
**Address:** 440 EMORYWOOD  
**City-St-Zip:** LAKE CITY, FL 32024

I hereby 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 all other like empowered.

**SIGNATURE:** DANIEL J NICKELSON

DP

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date