

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008331

FILED
Apr 16, 2007
Secretary of State

Entity Name: REDFISH COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

955 KELLER ROAD STE 1500
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708

Current Mailing Address:

955 KELLER ROAD STE 1500
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708

FEI Number: 75-3227392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREELE, WAYNE V
3993 WEST FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CLASSIC PROPERTY MANAGEMENT GROUP INC.
1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708 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: JEFF SMITH

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DONATO, DOMINICK
Address: 955 KELLER ROAD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV () Delete
Name: PRIOR, TOM
Address: 955 KELLER ROAD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST () Delete
Name: BERRYHILL, BILL
Address: 955 KELLER ROAD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SMITH, JEFF S
Address: 1170 TREE SWALLOW DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF SMITH

VP

04/16/2007

Electronic Signature of Signing Officer or Director

Date