

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008690

FILED
Apr 28, 2008
Secretary of State

Entity Name: COWFORD FARM ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1660 NORTH COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

1702 COWFORD ROAD
BRUCE, FL 32455

Current Mailing Address:

1660 NORTH COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Mailing Address:

P O BOX 1569
SANTA ROSA BEACH, FL 32459

FEI Number: 20-5392469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, ROB JR
221 MCKENZIE AVE
PANAMAM CITY, FL 32401 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 () Delete
Name: DEAL, BOB
Address: 1660 NORTH COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DV () Delete
Name: SCHIPPER, IRIS R
Address: 1660 NORTH COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DST () Delete
Name: CHRISTENSEN, JENNIFER
Address: 1660 NORTH COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DEAL, BOB
Address: 64 GARFIELD ST #4
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DV (X) Change () Addition
Name: SCHIPPER, IRIS R
Address: P O BOX 1569
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DST (X) Change () Addition
Name: CHRISTENSEN, JENNIFER
Address: P O BOX 1569
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: IRIS R SCHIPPER

DV

04/28/2008

Electronic Signature of Signing Officer or Director

Date