

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011056

FILED
Apr 28, 2007
Secretary of State

Entity Name: ARBOR COVE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1179 US 27 SOUTH
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1179 US 27 SOUTH
LAKE PLACID, FL 33852

New Mailing Address:

4751 BONITA BEACH RD
BONITA SPRINGS, FL 34134

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAFONE, CHERYL
1179 US 27 SOUTH
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

SCHIAFONE, CHERYL
4751 BONITA BEACH RD
BONITA SPRINGS, FL 34134 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: CHERYL SCHIAFONE

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHIAFONE, TED
Address: 1179 US 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: STD () Delete
Name: SCHIAFONE, CHERYL
Address: 1179 US 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SCHIAFONE, BLAKE
Address: 1179 US 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHIAFONE, TED
Address: 4751 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD (X) Change () Addition
Name: SCHIAFONE, CHERYL
Address: 4751 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Change () Addition
Name: SCHIAFONE, BLAKE
Address: 4751 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34134

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: TED SCHIAFONE

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date