

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011085

FILED
Mar 30, 2009
Secretary of State

Entity Name: OUTLOOK COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5770 SHIRLEY STREET
NAPLES, FL 34109

New Principal Place of Business:

1340 ROCK DOVE COURT
PUNTA GORDA, FL 33950

Current Mailing Address:

5770 SHIRLEY STREET
NAPLES, FL 34109

New Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

FEI Number: 20-8865266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

THE GATEWAY GROUP
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 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: KRISTINE WISHARD

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHEER, JOEL
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: FRECHETTE, DENNIS
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: DEL DUCA, MICHAEL
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SCHEER, JOEL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VP (X) Change () Addition
Name: DEL DUCA, MICHAEL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: () Change () Addition
Name:
Address:
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: JOEL SCHEER

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date