

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08846

FILED
Jan 08, 2007
Secretary of State

Entity Name: BLUE COVE ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 773
DUNNELLON, FL 34430 US

New Principal Place of Business:

11607 MALLARD CT
DUNNELLON, FL 34432 US

Current Mailing Address:

PO BOX 773
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: 59-2728767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, CURTIS
11607 MALLARD CT.
DUNNELLON, FL 34432 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: D () Delete
Name: CATON, HELENE D
Address: P.O. BOX 2360
City-St-Zip: DUNNELLON, FL 34430

Title: P () Delete
Name: BOND, CURTIS P
Address: 11607 MALLARD CT.
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: VON AMMON, FRITZ D
Address: 11654 E BLUE COVE DR.
City-St-Zip: DUNNELLON, FL 34432

Title: S () Delete
Name: NEIBERG, SALLIE S
Address: 11542 MOCKINGBIRD DR.
City-St-Zip: DUNNELLON, FL 34432

Title: VP () Delete
Name: PILLING, SANDRA VP
Address: 20042 QUAIL RUN DR.
City-St-Zip: DUNNELLON, FL 34432

Title: T () Delete
Name: BAUCOM, MIKE T
Address: 11581 CAMP DR
City-St-Zip: DUNNELLON, FL 34432

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

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

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

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: MIKE BAUCOM

T

01/08/2007

Electronic Signature of Signing Officer or Director

Date