

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08846

FILED
Jan 07, 2011
Secretary of State

Entity Name: BLUE COVE ASSOCIATION, INC.

Current Principal Place of Business:

11525 E BLUE COVE DR
DUNNELLON, FL 34432 US

New Principal Place of Business:

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:

ALTER, THOMAS P
11525 E BLUE COVE DR
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
Name: RAUSCH, MIKE D
Address: 11865 E BLUE COVE DR
City-St-Zip: DUNNELLON, FL 34430

Title: D
Name: LUMSDEN, DANIEL D
Address: 11820 CAMP DR
City-St-Zip: DUNNELLON, FL 3443

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

Title: S
Name: ALTER, CAROLYN S
Address: 11525 E BLUE COVE DR
City-St-Zip: DUNNELLON, FL 34432

Title: VP
Name: MCMICHAEL, GERALD VP
Address: 11740 CAMP DR
City-St-Zip: DUNNELLON, FL 34432

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

I hereby 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 all other like empowered.

SIGNATURE: MIKE BAUCOM

T

01/07/2011

Electronic Signature of Signing Officer or Director

Date