


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90055 006 \*\*\*\*61.25

<b>DOCUMENT # N10485</b> 1. Entity Name COVE HARBOR I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 324 E. BEACH DR. PANAMA CITY, FL 32401			Mailing Address 324 E. BEACH DR. PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2850856	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GERDE, JERRY W 239 3 4TH ST. PANAMA CITY, FL 32401			Name Wayne Turk		
			Street Address (P.O. Box Number is Not Acceptable) 324 East Beach Drive # 502		
			City Panama City		
			FL		Zip Code 32401
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOLBEER, WILLIAM J		NAME		
STREET ADDRESS	324 E. BEACH DR 604		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAXLEY, JAMES		NAME		
STREET ADDRESS	324 E BEACH DR 104		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Charles Crutchfield, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GERDE, JERRY W		NAME	324 E. Beach Drive # 103	
STREET ADDRESS	324 E BEACH DR # 503		STREET ADDRESS	Panama City, FL 32401	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURK, WAYNE		NAME		
STREET ADDRESS	324 E BEACH DR 502		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Harold Horper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CURROW, NEAL		NAME	324 E. Beach Drive # 203	
STREET ADDRESS	324 E BEACH DR 601		STREET ADDRESS	Panama City, FL 32401	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOLBEER, MARTHA A		NAME		
STREET ADDRESS	324 E. BEACH DR. 604		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Martha A. Dolbeer</u> <u>Martha A. Dolbeer</u> <u>4-16-08</u> <u>850-785-2994</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					