


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90018 035 ****61.25

DOCUMENT # N10689	
1. Entity Name GOLF COVE OWNERS ASSOCIATION, INC.	

Principal Place of Business 911 SEA ROBIN LANE GOLF COVE PANAMA CITY BEACH, FL 32411 US	Mailing Address P. O. BOX 28226 PANAMA CITY BEACH, FL 32411 US
---	--

40048175



2. Principal Place of Business - No P.O. Box # 3900 Marriott Dr.	3. Mailing Address P.O. Box 28226
Suite, Apt. #, etc. Suite K	Suite, Apt. #, etc.

03142008 Chg-NP CR2E037 (12/06)

City & State Bay Point, FL	City & State Bay Point, FL
Zip 32408	Zip 32411-8226
Country USA	Country USA

4. FEI Number 59-2629766	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 CHURCHWELL, KAY 908 SEA ROBIN LANE PANAMA CITY, FL 32411	
--	--

7. Name and Address of New Registered Agent	
Name Fischer, Linda	
Street Address (P.O. Box Number is Not Acceptable) 905 Sea Robin Lane	
City Bay Point	FL Zip Code 32411-7640

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 <i>Linda B. Fischer</i>	DATE 3-14-08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHURCHWELL GUY		NAME Fischer, Linda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 907 SEA ROBIN LANE		STREET ADDRESS 905 Sea Robin Lane	
CITY-ST-ZIP PANAMA CITY, FL 32411		CITY-ST-ZIP Bay Point, FL 32411-7640	
TITLE D	<input type="checkbox"/> Delete	TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHURCHWELL, KAY		NAME Hale, Bonnie	
STREET ADDRESS 908 SEA ROBIN LANE		STREET ADDRESS 903 Sea Robin Lane	
CITY-ST-ZIP PANAMA CITY, FL 32411		CITY-ST-ZIP Bay Point, FL 32411-7725	
TITLE STD	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALE, BONNIE		NAME Churchwell, Kay	
STREET ADDRESS 903 SEA ROBIN LANE		STREET ADDRESS 908 Sea Robin Lane	
CITY-ST-ZIP PANAMA CITY, FL 32411		CITY-ST-ZIP Bay Point, FL 32411-7459	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENBERG, SONNY		NAME Greenburg, Sonny	
STREET ADDRESS 905 SEA ROBIN LN		STREET ADDRESS 905 Sea Robin Lane	
CITY-ST-ZIP PANAMA CITY, FL 32411		CITY-ST-ZIP Bay Point, FL 32411-7640	
TITLE PD	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISCHER, LINDA		NAME Greenburg, Sonny	
STREET ADDRESS 905 SEA ROBIN LN		STREET ADDRESS 905 Sea Robin Lane	
CITY-ST-ZIP PANAMA CITY, FL 32411		CITY-ST-ZIP Bay Point, FL 32411-7640	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHURCHWELL, KAY		NAME Greenburg, Sonny	
STREET ADDRESS 908 SEA ROBIN LANE		STREET ADDRESS 905 Sea Robin Lane	
CITY-ST-ZIP PANAMA CITY, FL 32411		CITY-ST-ZIP Bay Point, FL 32411-7640	

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: <i>Linda B. Fischer</i>	3-14-08 234-2730
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	