2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N10689

Entity Name: GOLF COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3900 MARRIOTT DR.
SUITE K
BAY POINT, FL 32408 US

New Principal Place of Business:

4000 MARRIOTT DRIVE
SUITE C
PANAMA CITY BEACH, FL 32408 US

Current Mailing Address:

3900 MARRIOTT DR.
SUITE K
BAY POINT, FL 32408 US

New Mailing Address:

P.O. BOX 27089
BAY POINT, FL 32411 US

FEI Number: 59-2629766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISCHER, LINDA
905 SEA ROBIN LANE
BAY POINT, FL 324117640 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:	PD	( ) Delete
Name:	FISHER, LINDA	
Address:	905 SEA ROBIN LANE	
City-St-Zip:	BAY POINT, FL 324117640	
Title:	STD	( ) Delete
Name:	HALE, BONNIE	
Address:	903 SEA ROBIN LANE	
City-St-Zip:	BAY POINT, FL 324117725	
Title:	D	( ) Delete
Name:	CHURCHWELL, KAY	
Address:	908 SE ROBIN LANE	
City-St-Zip:	BAY POINT, FL 324117459	
Title:	D	( ) Delete
Name:	GREENBURG, SONNY	
Address:	905 SEA ROBIN LANE	
City-St-Zip:	BAY POINT, FL 324117640	

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
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: PATRICIA POTEET GM 04/13/2009
Electronic Signature of Signing Officer or Director — Date