

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11927

FILED
Apr 06, 2009
Secretary of State

Entity Name: SMUGGLERS COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1634 SMUGGLERS CIR
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

1634 SMUGGLERS CIR
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 59-3062024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIDALGO, CHERI L PRES
1748 E SMUGGLERS COVE DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

WARE, NORMA PRES
1709 SMUGGLERS COVE DR WEST
GULF BREEZE, FL 32563 US

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: NORMA WARE

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HIDALGO, CHERI L
Address: 1621 SMUGGLERS CIR
City-St-Zip: GULF BREEZE, FL 32563

Title: V.P. () Delete
Name: WARE, NORMA
Address: 1709 W SMUGGLERS COVE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: TREA () Delete
Name: MILLER, MARSHALL
Address: 1621 SMUGGLERS COVE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: SEC () Delete
Name: BIBEAU, SARA
Address: 1700 SMUGGLERS COVE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: MAA () Delete
Name: GONZALEZ, BUD
Address: 1645 SMUGGLER CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WARE, NORMA
Address: 1709 SMUGGLERS COVE DR W.
City-St-Zip: GULF BREEZE, FL 32563

Title: V.P. (X) Change () Addition
Name: BUD, GONZALEZ
Address: 1645 SMUGGLERS COVE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: TREA (X) Change () Addition
Name: BECKY ANN, MILLES
Address: 1649 SMUGGLERS COVE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: SEC (X) Change () Addition
Name: BECKY ANN, MILLES
Address: 1649 SMUGGLERS COVE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

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: NORMA N WARE

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date