

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90044 043 ****61.25

DOCUMENT # N13001 1. Entity Name THE COVE AT BAY PORT COLONY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6608 SEAFARER DRIVE TAMPA, FL 33615 US				Mailing Address 6608 SEAFARER DRIVE TAMPA, FL 33615 US	
2. Principal Place of Business 10610 OUT ISLAND DRIVE		3. Mailing Address 10610 OUT ISLAND DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-2869427	
Zip 33615		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLACK, DAVID C 6608 SEAFARER DRIVE TAMPA, FL 33615				7. Name and Address of New Registered Agent Name BRUCE D. BRUEGGER Street Address (P.O. Box Number is Not Acceptable) 10610 OUT ISLAND DRIVE City TAMPA FL Zip Code 33615	
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 <u>Bruce D. Bruegger, President</u> <u>June D. Suggs</u> 2/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PD NAME SLACK, DAVID C STREET ADDRESS 6608 SEAFARER DRIVE CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE V-P (V/D) NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME BRUEGGER, BRUCE STREET ADDRESS 10610 OUT ISLAND DR CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE President (P/D) NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HOFFMAN, LEE STREET ADDRESS 6713 LEEWARD ISLE CITY-ST-ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete		TITLE TREASURER (T/D) NAME LINDA SLACK STREET ADDRESS 6608 SEAFARER DRIVE CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BACKITIS, CARLA STREET ADDRESS 6714 LEEWARD ISLE CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KUEHNER, PAUL STREET ADDRESS 6602 SEAFARER DRIVE CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME KING, BERNIE STREET ADDRESS 6704 RANGER CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE Director (D) NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Bruce D. Bruegger President</u> <u>June D. Suggs</u> 2/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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