

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90061 005 ****61.25

DOCUMENT # N13001

1. Entity Name

**THE COVE AT BAY PORT COLONY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**6608 SEAFAIRER DRIVE
TAMPA FL 33615
US**

Mailing Address
**6608 SEAFAIRER DRIVE
TAMPA FL 33615
US**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2869427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVID, SLACK C
6608 SEAFAIRER DRIVE
TAMPA FL 33615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SLACK, DAVID C
STREET ADDRESS 6608 SEAFAIRER DRIVE
CITY-ST-ZIP TAMPA FL 33615

TITLE VP ☐ Delete
NAME BRUEGGER, BRUCE
STREET ADDRESS 10610 OUT ISLAND DR
CITY-ST-ZIP TAMPA FL 33615

TITLE T ☐ Delete
NAME SLACK, LINDA
STREET ADDRESS 6608 SEAFAIRER DRIVE
CITY-ST-ZIP TAMPA FL 33615

TITLE SD ☐ Delete
NAME WALKER, PAULA
STREET ADDRESS 10502
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☒ Delete
NAME KUEHNER, PAUL
STREET ADDRESS 6602 SEAFAIRER DRIVE
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☐ Delete
NAME VETZEL, MICHELLE
STREET ADDRESS 6542 SEAFAIRER DRIVE
CITY-ST-ZIP TAMPA FL 33615

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David C. Slack **DAVID C. SLACK, PRESIDENT 2.13.08 813-855-2171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR