

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13001

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE COVE AT BAY PORT COLONY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6608 SEFAIRER DRIVE
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

6608 SEFAIRER DRIVE
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-2869427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, SLACK C
6608 SEFAIRER DRIVE
TAMPA, FL 33615 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: SLACK, DAVID C
Address: 6608 SEFAIRER DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: BRUEGGER, BRUCE
Address: 10610 OUT ISLAND DR
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: SLACK, LINDA
Address: 6608 SEFAIRER DRIVE
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: WALKER, PAULA
Address: 10502
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: VETZEL, MICHELLE
Address: 6542 SEFAIRER DRIVE
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

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: SD (X) Change () Addition
Name: JORDAN, DANA
Address: 6712 RANGER DRIVE
City-St-Zip: TAMPA, FL 33615

Title: TRUS (X) Change () Addition
Name: TRACY, JOE
Address: 6508 SEFAIRER DRIVE
City-St-Zip: TAMPA, FL 33615

Title: TRUS () Change (X) Addition
Name: RAY, PATRICK
Address: 6805 LONGPOINTE DRIVE
City-St-Zip: TAMPA,, FL 33615

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: DAVID C. SLACK

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date