

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2008  
Secretary of State**

DOCUMENT# N17586

Entity Name: THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 TABATHA DRIVE  
OSTEEN, FL 32764

**New Principal Place of Business:**

**Current Mailing Address:**

500 TABATHA DRIVE  
OSTEEN, FL 32764

**New Mailing Address:**

FEI Number: 59-2910939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, MICHELLE  
529 TABATHA DR.  
OSTEEN, FL 32764      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: P ( ) Delete  
Name: COOK, BARRY  
Address: 549 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

Title: VP ( ) Delete  
Name: POITRAS, CHARLES  
Address: 755 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

Title: S ( ) Delete  
Name: ROBERTS, MICHELLE  
Address: 529 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

Title: T ( ) Delete  
Name: ROBERTS, CHARLOTTE  
Address: 655 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

Title: D ( ) Delete  
Name: SECOR, BILL  
Address: 715 WILD ACRES RD  
City-St-Zip: OSTEEN, FL 32764

Title: D ( ) Delete  
Name: CRABTREE, JOHN  
Address: 750 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PHILLIPS, TOM  
Address: 519 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GALLOWAY, GREG  
Address: 600 TABATHA DR  
City-St-Zip: OSTEEN, FL 32764

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: MICHELLE ROBERTS

S

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date