

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 14, 2009
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: MICHELLE ROBERTS

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: PHILLIPS, TOM
Address: 519 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: GALLOWAY, GREG
Address: 600 TABATHA DR
City-St-Zip: OSTEEN, FL 32764

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

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

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

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

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

Electronic Signature of Signing Officer or Director

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10/14/2009

Date