

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17586

FILED  
Apr 30, 2010  
Secretary of State

**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  
Name: COOK, BARRY  
Address: 549 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

Title: VP  
Name: PHILLIPS, TOM  
Address: 519 TABATHA DR.  
City-St-Zip: OSTEEN, FL 32764

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

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

Title: D  
Name: GALLOWAY, GREG  
Address: 600 TABATHA DR  
City-St-Zip: OSTEEN, FL 32764

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE ROBERTS

SECT

04/30/2010

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

\_\_\_\_\_  
Date