

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17717

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** HAND'S COVE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

112 HANDS COVE LANE  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

112 HANDS COVE LANE  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 59-2958087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KESSLER, SIEGFRIED F.  
25 WALTER MARTIN ROAD  
FT. WALTON BEACH, FL 32548 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: T ( ) Delete  
Name: WEBER, RICHARD  
Address: 109 HANDS COVE LANE  
City-St-Zip: SHALIMAR, FL

Title: PD ( ) Delete  
Name: TUCKER, ROGER  
Address: 112 HANDS COVE LANE  
City-St-Zip: SHALIMAR, FL

Title: VD ( ) Delete  
Name: LILJEDAHN, WEYMER  
Address: 105 HANDS COVE LANE  
City-St-Zip: SHALIMAR, FL

Title: D ( ) Delete  
Name: BLUMER, PHIL  
Address: 108 HANDS COVE LANE  
City-St-Zip: SHALIMAR, FL

**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  
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: RICHARD WEBER

T

04/05/2009

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

\_\_\_\_\_  
Date