

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21723

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** COVE CAY VILLAGE III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

**FEI Number:** 59-2832432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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: TORREY, WILLIAM  
Address: 900 COVE CAY DRIVE #2C  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD ( ) Delete  
Name: REUTHER, MIKE  
Address: 900 COVE CAY DRIVE #5D  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD ( ) Delete  
Name: DAVIS, RALPH  
Address: 800 COVE CAY DRIVE #1C  
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Delete  
Name: VAN VOOREN, JACK  
Address: 1000 COVE CAY DRIVE #7E  
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Delete  
Name: BROCK, NANCY  
Address: 900 COVE CAY DRIVE #1B  
City-St-Zip: CLEARWATER, FL 33760

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

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

Title: VPD (X) Change ( ) Addition  
Name: DAVIS, RALPH  
Address: 800 COVE CAY DRIVE #1C  
City-St-Zip: CLEARWATER, FL 33760

Title: TD (X) Change ( ) Addition  
Name: VAN VOOREN, JACK  
Address: 1000 COVE CAY DRIVE #7E  
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Change ( ) Addition  
Name: BROCK, NANCY  
Address: 900 COVE CAY DRIVE #1B  
City-St-Zip: CLEARWATER, FL 33760

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: WILLIAM TORREY

PRES

04/08/2008

Electronic Signature of Signing Officer or Director

Date