2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N21723

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: SWARTZ, MARVIN
Address: 900 COVE CAY DRIVE #6G
City-St-Zip: CLEARWATER, FL 33760

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

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

Title: D ( ) Change (X) Addition
Name: MONTEFINESE, THOMAS
Address: 1460 GULF BLVD, #107
City-St-Zip: CLEARWATER, FL 33767

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 01/27/2009

Electronic Signature of Signing Officer or Director — Date