

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28279

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** CORAL COVE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1833 COCKLESHELL DRIVE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

1833 COCKLESHELL DRIVE  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LOVERIDGE, MARK A  
200 S ORANGE AVE  
SARASOTA, FL 34236 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: YEATES, MARK A  
Address: 1718 CARIBBEAN DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: VPD ( ) Delete  
Name: BAILEY, WILLIAM E  
Address: 1805 UPPER COVE TERRACE  
City-St-Zip: SARASOTA, FL 34231

Title: TD ( ) Delete  
Name: ALBRIGHT, CHRIS  
Address: 1605 CARIBBEAN DRIVE  
City-St-Zip: SARASOTA, FL 34231

**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:

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: MARK A. LOVERIDGE

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

OFF

01/21/2009

\_\_\_\_\_  
Date