

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30432

FILED
Apr 05, 2009
Secretary of State

Entity Name: SCOTTSLAND COVE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BOX 6534
LAKELAND, FL 338076534 US

New Principal Place of Business:

Current Mailing Address:

BOX 6534
LAKELAND, FL 338076534 US

New Mailing Address:

FEI Number: 59-2942004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, RANDALL K
5835 COVEVIEW COURT
LAKELAND, FL 33813 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: D () Delete
Name: FOSS, CHARLES
Address: 5936 COVERVIEW DR W
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: MATTINA, MARY
Address: 5847 COVERVIEW CT
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: MATTINA, MARK
Address: 5847 COVERVIEW CT
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: SUTTON, TANYA
Address: 5824 COVERVIEW DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: PETROFF, GEORGE
Address: 5818 COVEVIEW DR E
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: PETROFF, KATHLEEN
Address: 5818 COVEVIEW DR E
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTENS, MIKE
Address: 5912 COVERVIEW DR W
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change () Addition
Name: MATTINA, MARY
Address: 5847 COVERVIEW CT
City-St-Zip: LAKELAND, FL 33813

Title: VP (X) Change () Addition
Name: MATTINA, MARK
Address: 5847 COVERVIEW CT
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change () Addition
Name: MARTENS, SUZIE
Address: 5912 COVERVIEW DR
City-St-Zip: LAKELAND, FL 33813

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: RANDALL K HUNT

TREA

04/05/2009

Electronic Signature of Signing Officer or Director

Date