2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N30719

Entity Name: COVE CLUB CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

3552 LAWERENCE RD.
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

3552 LAWERENCE RD.
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-1915886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOUNTAIN, DENISE
3552 LAWRENCE RD
ORANGE PARK, FL 32065 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:	P	( ) Delete
Name:	FOUNTAIN, SCOTT	
Address:	3552 LAWRENCE RD	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	V	( ) Delete
Name:	KOSCIANSKI, MICHAEL	
Address:	3585 LAWRENCE RD	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	T	( ) Delete
Name:	FOUNTAIN, DENISE	
Address:	3552 LAWERENCE RD.Q	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	V	( ) Delete
Name:	DERINE, JIM	
Address:	3569 SHELDON	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	T	( ) Delete
Name:	MIDDLEKAUF, RICHARD	
Address:	3591 LAWRENCE RD	
City-St-Zip:	ORANGE PARK, FL 32065	

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:	
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: DENISE FOUNTAIN TREA 08/24/2009

Electronic Signature of Signing Officer or Director — Date