

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35915

FILED  
Feb 14, 2009  
Secretary of State

**Entity Name:** PRESIDENTIAL COVE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1272 SW BENT PINE COVE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880325  
PORT ST. LUCIE, FL 349880325 US

**New Mailing Address:**

**FEI Number:** 59-3006089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAK ACCOUNTING SERVICES INC.  
1272 SW BRENT PINE COVE  
PORT SAINT LUCIE, FL 34986 US

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

SAK ACCOUNTING SERVICES INC.  
1272 SW BENT PINE COVE  
PORT SAINT LUCIE, FL 34986 US

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:

02/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPTD ( ) Delete  
Name: KENNAH, VINCENT  
Address: 405 SW JEFFERSON CIR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: PD ( ) Delete  
Name: VERDI, MICHAEL  
Address: 434 SW JEFFERSON CR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD ( ) Delete  
Name: BOMBAC, DOROTHY  
Address: 421 SW JEFFERSON CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

Title: VPD (X) Change ( ) Addition  
Name: KENNAH, VINCENT  
Address: 405 SW JEFFERSON CIR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

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

Title: SD (X) Change ( ) Addition  
Name: KENNAH, KATHYRN  
Address: 405 SW JEFFERSON CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD ( ) Change (X) Addition  
Name: THOMAS, ROBERT J  
Address: 430 SW JEFFERSON CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34986

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: ROBERT J THOMAS

TD

02/14/2009

Electronic Signature of Signing Officer or Director

Date