

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35915

**FILED**  
**Feb 17, 2011**  
**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 BENT PINE COVE  
PORT SAINT LUCIE, FL 34986 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: VPD  
Name: KENNAH, VINCENT  
Address: 405 SW JEFFERSON CIR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J THOMAS

TD

02/17/2011

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

\_\_\_\_\_  
Date