2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36031

FILED Jan 05, 2008 Secretary of State

Entity Name: TRADER'S COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 132 SHER LANE DEBARY, FL 32713 **Current Mailing Address: New Mailing Address:** 132 SHER LANE DEBARY, FL 32713 FEI Number: 59-2993224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STARR, JACK WALKER, JO ANN L 122 SHER LANE 203 ADMIRAL LN US DEBARY, FL 32713 US DEBARY, FL 32713 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: JO ANN L WALKER 01/05/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LOTZ, ELAINE MASSEY, PATSY Name: Name: 126 SHAR LANE Address: 102 CAPTAINS COVE CIRCLE Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: Title: (X) Change () Addition () Delete WALKER, JOANN L Name: WALKER, JOANN L Name: Address: 122 SHAR LANE Address: 122 SHER LANE City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: VPD () Delete Title: () Change () Addition MCADAM, DONNA Name: Name: 107 ADMIRAL LANE Address: Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BLEASHKA, TERRI Name: Address: 208 ADMIRAL LANE Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: Title: () Delete Title: () Change (X) Addition POWELL, BARBARA Name: Name: 211 ADMIRAL LANE Address: Address: City-St-Zip: City-St-Zip: DEBARY, FL 32713 Title: () Delete Title: () Change (X) Addition GENDRON, BUD Name: Name: Address: Address: 112 TRADERS COVE BLVD DEBARY, FL 32713 City-St-Zip: 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: JO ANN WALKER PRES 01/05/2008