2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# N37116

Entity Name: LAFITTE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1060 FORT PICKENS ROAD
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

1060 FORT PICKENR ROAD
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-3004017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROW, THOMAS E.
1060 FT PICKENS RD
PENSACOLA BEACH, FL 32561 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	(X) Delete
Name:	SCHMIDZ, MICHELLE	
Address:	141 LE PORT DRIVE	
City-St-Zip:	PENSACOLA BEACH, FL 32561	
Title:	P	( ) Delete
Name:	ALMON, TOM	
Address:	230 LE STARBOARD DR	
City-St-Zip:	PENSACOLA BEACH, FL 32561	
Title:	STD	( ) Delete
Name:	HANSON, FRANCES	
Address:	1060 FORT PICKENS ROAD	
City-St-Zip:	PENSACOLA BEACH, FL 32561	
Title:	D	( ) Delete
Name:	RAINWATER, JOE	
Address:	226 LE STARBOARD DRIVE	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	RA	( ) Delete
Name:	GROW, THOMAS	
Address:	1060 FT. PICKONS RD.	
City-St-Zip:	PENSACOLA BEACH, FL	
Title:	VP	( ) Delete
Name:	HOMEWOOD, STEVE	
Address:	1030 FT PICKENS RD	
City-St-Zip:	PENSACOLA BEACH, FL 32561	

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:	
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: THOMAS GROW TA 04/26/2008

Electronic Signature of Signing Officer or Director — Date