

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37116

FILED  
Apr 12, 2009  
Secretary of State

**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 PICKENS ROAD  
PENSACOLA BEACH, FL 32561

**New Mailing Address:**

1060 FORT PICKENS ROAD  
PENSACOLA BEACH, FL 32561

**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: 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:

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 E. GROW

MGR

04/12/2009

Electronic Signature of Signing Officer or Director

Date