2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2010
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 PICKENS ROAD
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-3004017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
Name: ALMON, TOM
Address: 230 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: STD
Name: HANSON, FRANCES
Address: 1060 FORT PICKENS ROAD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D
Name: RAINWATER, JOE
Address: 226 LE STARBOARD DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: RA
Name: GROW, THOMAS
Address: 1060 FT. PICKONS RD.
City-St-Zip: PENSACOLA BEACH, FL

Title: VP
Name: HOMEWOOD, STEVE
Address: 1030 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

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: THOMAS GROW RA 05/11/2010
Electronic Signature of Signing Officer or Director Date