2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 07, 2006 8:00 am
Secretary of State
05-01-2006 90328 039 ****61.25

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DOCUMENT # N48367

1. Entity Name
RUM COVE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7092 PLACIDA RD CAPE HAZE, FL 33946 US	7092 PLACIDA RD CAPE HAZE, FL 33946 US

04142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0415240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~TAYLOR, KEN~~ CRAIG REMOUR 7092 PLACIDA RD CAPE HAZE, FL 33946	Name CRAIG REMOUR Street Address (P.O. Box Number is Not Acceptable) 7092 PLACIDA RD. City CAPE HAZE, FL Zip Code 33946

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent (if date is applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKSTEAD, DEAN L 7092 PLACIDA RD PLACIDA, FL 33948	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FITZSIMMONS, TIMOTHY 7092 PLACIDA RD PLACIDA, FL 33948	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACOBSON, JEFFREY 7092 PLACIDA RD RC 2 CAPE HAZE, FL 33948	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUPTA, RAJAT 59 BEACHSIDE AVE WESTPORT, CT 06880	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR Robert SLAND 417 PASADENA EXTENSION Pittsburgh, PA 15215	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ASSOCIATION MGR. 4-19-06 (941) 697-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #