2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# N48367

Entity Name: RUM COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7092 PLACIDA RD
CAPE HAZE, FL 33946 US

New Principal Place of Business:

Current Mailing Address:

7092 PLACIDA RD
CAPE HAZE, FL 33946 US

New Mailing Address:

FEI Number: 65-0415240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REMOUR, CRAIG A
7092 PLACIDA RD.
CAPE HAZE, FL 33946 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: S/T
Name: BECKSTEAD, JAMIE
Address: 7092 PLACIDA ROAD
City-St-Zip: CAPE HAZE, FL 33946 US

Title: P
Name: JACOBSON, SYLVIA
Address: 7092 PLACIDA ROAD, RC #2
City-St-Zip: CAPE HAZE, FL 33946 US

Title: D
Name: JACOBSON, JEFFREY
Address: 7092 PLACIDA RD, RC #2
City-St-Zip: CAPE HAZE, FL 33946

Title: D
Name: SLANE, ROBERT
Address: 417 PASADENA EXTENSION
City-St-Zip: PITTSBURGH, PA 15215 US

Title: D
Name: SLANE, VICTORIA
Address: 417 PASADENA EXTENSION
City-St-Zip: PITTSBURGH, PA 15215 US

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: CRAIG A. REMOUR MGR 04/06/2010

Electronic Signature of Signing Officer or Director Date