2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# N49467

Entity Name: COUNTRY COVE HOMEOWNERS ASSOCIATION, INC. (BREVARD COUNTY)

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3121445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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 ( ) Delete
Name: EDLIN, SHARLENE
Address: 1725 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: PD ( ) Delete
Name: WOLLARD, ALAN
Address: 1623 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: VPD ( ) Delete
Name: MERRICK, RICHARD
Address: 1737 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: STD ( ) Delete
Name: SHEPHARD, ROBERT
Address: 1681 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete
Name: NORTON, CHRIS
Address: 1611 COUNTRY COVE CIR
City-St-Zip: MALABAR, FL 32950

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: STD (X) Change ( ) Addition
Name: SHEPHERD, ROBERT
Address: 1681 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN WOLLARD PD 03/20/2007

Electronic Signature of Signing Officer or Director — Date