

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49467

FILED  
Jun 21, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1737 COUNTRY COVE CIR  
MALABAR, FL 32950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1737 COUNTRY COVE CIR  
MALABAR, FL 32950 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:**

MERRICK, VICKY  
1737 COUNTRY COVE CIR  
MALABAR, FL 32950 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: VP  
Name: WOLLARD, ERIN  
Address: 1623 COUNTRY COVE CIRCLE  
City-St-Zip: MALABAR, FL 32950

Title: D  
Name: FORGETTA, WENDY  
Address: 1100 BAYWOOD COURT  
City-St-Zip: MALABAR, FL 32950

Title: PD  
Name: MERRICK, VICKY  
Address: 1737 COUNTRY COVE CIRCLE  
City-St-Zip: MALABAR, FL 32950

Title: STD  
Name: MISNER, BERT  
Address: 1110 BAYWOOD COURT  
City-St-Zip: MALABAR, FL 32950

Title: D  
Name: ENSTICE, RICHARD  
Address: 1689 COUNTRY COVE CIR  
City-St-Zip: MALABAR, FL 32950

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: MARIE THIBODEAUX

CAM

06/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date