

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005697

FILED
Jan 09, 2008
Secretary of State

Entity Name: NATURE'S COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1639
DANIA BEACH, FL 33004 US

New Principal Place of Business:

900 NATURES COVE RD
DANIA BEACH, FL 33004 US

Current Mailing Address:

P.O. BOX 1639
DANIA BEACH, FL 33004 US

New Mailing Address:

PO BOX 1639
DANIA BEACH, FL 33004

FEI Number: 65-0466402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 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: PD () Delete
Name: VANIMAN, NANCY
Address: 880 NATURES COVE RD
City-St-Zip: DANIA BEACH, FL 33004

Title: VD () Delete
Name: GERMAINE, GLENN
Address: 910 NATURES COVE RD
City-St-Zip: DANIA BEACH, FL 33004

Title: SD () Delete
Name: LARAWAY, BRENDA
Address: 745 NATURE'S COVE RD
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: SHUEY, ELIZABETH
Address: 885 NATURES COVE RD
City-St-Zip: DANIA, FL 33004

Title: TD () Delete
Name: KRESA, CARI
Address: 905 NATURE'S COVE RD
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BACA, PATRICIA
Address: 840 NATURES COVE RD
City-St-Zip: DANIA BEACH, FL 33004

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

Title: D (X) Change () Addition
Name: HARRIS, WILLIAM
Address: 902 NATURES COVE RD
City-St-Zip: DANIA BEACH, FL 33004

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

I hereby certify that the information supplied with this filing does not qualify 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: CARI KRESA

TD

01/09/2008

Electronic Signature of Signing Officer or Director

Date