2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N93000005697

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

Current Principal Place of Business:

900 NATURES COVE RD
DANIA BEACH, FL 33004 US

New Principal Place of Business:

880 NATURES COVE RD
DANIA BEACH, FL 33004 US

Current Mailing Address:

PO BOX 1639
DANIA BEACH, FL 33004

New Mailing Address:

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: BACA, PATRICIA
Address: 840 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: HARRIS, WILLIAM
Address: 902 NATURES COVE RD
City-St-Zip: DANIA BEACH, 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

Title: TD (X) Change ( ) Addition
Name: ROBERTSON, CAROLYN
Address: 805 NATURE'S COVE RD
City-St-Zip: DANIA BEACH, FL 33004

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: NANCY VANIMAN PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date