

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000497

FILED
Feb 04, 2009
Secretary of State

Entity Name: PLEASANT COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1675 OCEANA DRIVE
#3
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

1675 OCEANA DRIVE
#3
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-2393945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKLES, TIMOTHY ESQ
3490 N US HIGHWAY 1 NORTH
COCOA, FL 32926 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 () Delete
Name: HALL, WANDA
Address: 1675 OCEANA DR 4
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST () Delete
Name: MCCLURE, MARYANN
Address: 1675 OCEANA DRIVE, #3
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: VOYTKO, CAROL
Address: 1675 OCEANA DR 6
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P () Delete
Name: BROWN, LARRY
Address: BOARD OF DIRECTOR, 1675 OCEANA DR #2
City-St-Zip: MERRITT ISLAND, FL 32902

Title: D () Delete
Name: HORTON, JOAN
Address: 1675 OCEANA DR 18
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HALL, WANDA
Address: 1675 OCEANA DR #4
City-St-Zip: MERRITT ISLAND, FL 32952

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

Title: BM (X) Change () Addition
Name: SAWYER, DAVID
Address: 1675 OCEANA DR #8
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PRES (X) Change () Addition
Name: BROWN, LARRY
Address: 1675 OCEANA DR #2
City-St-Zip: MERRITT ISLAND, FL 32952

Title: BM (X) Change () Addition
Name: COOK, ROBERT L
Address: 1675 OCEANA DR #12
City-St-Zip: MERRITT ISLAND, FL 32952

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: LARRY BROWN

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date