2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N94000003682

Entity Name: NORSTAR COVE VILLAS I ASSOCIATION, INC.

Current Principal Place of Business:

4508 MYRTLE BEACH DR
SEBRING, FL 33872 US

New Principal Place of Business:

Current Mailing Address:

4508 MYRTLE BEACH DR
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: 65-0582188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCBROOM, JERRY
3911 CATALINA DR
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

BOGART, KAREEN
3813 CATALINA DR
SEBRING, FL 33872 US

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: KAREEN BOGART 02/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WAKEFIELD, SALLY
Address: 3765 CATALINA DR
City-St-Zip: SEBRING, FL 33872

Title: ST ( ) Delete
Name: BOGART, KAREEN
Address: 3813 CATALINA DR
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete
Name: SCHWANNEKE, BOB
Address: 3761 CATAULUNA DR
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: MIZE, BETTY
Address: 3919 CATALINA DR
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: REYNOLDS, CHARLES
Address: 3917 CATALINA DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BOGART, KAREEN
Address: 3813 CATALINA DR
City-St-Zip: SEBRING, FL 33872

Title: ST (X) Change ( ) Addition
Name: HOWARD, JUDINE
Address: 3807 CATALINA DR
City-St-Zip: SEBRING, FL 33872

Title: VP (X) Change ( ) Addition
Name: MIZE, BETTY
Address: 3919 CATALINA DR
City-St-Zip: SEBRING, FL 33872

Title: D (X) Change ( ) Addition
Name: WHITLATCH, RITA
Address: 3913 CATALINA DR
City-St-Zip: SEBRING, FL 33872

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: KAREEN BOGART P 02/17/2009
Electronic Signature of Signing Officer or Director Date