

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003874

FILED
Jan 20, 2009
Secretary of State

Entity Name: OLD TAVERNIER COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

190 ATLANTIC CR DR.
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1558
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 65-0512226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOERNER, MAXINE E
190 ATLANTIC CIRCLE DR
TAVERNIER, FL 33070 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: P () Delete
Name: ALLEN, ALICE
Address: 133 SUNRISE DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: VP () Delete
Name: MCDONOUGH, VANNA
Address: 134 COWE ST
City-St-Zip: TAVERNIER, FL

Title: S () Delete
Name: LOUGHNER, LARRY
Address: 160 SUNRISE DR
City-St-Zip: TAVERNIER, FL

Title: T () Delete
Name: BOERNER, MAXINE
Address: 190 ATLANTIC CIRCLE DR
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: MCHUGH, GEORGE C
Address: 134 LOWE ST
City-St-Zip: TAVERNIER, FL

Title: D () Delete
Name: BYRUM, DAVID
Address: 126 OCEAN VIEW DRIVE
City-St-Zip: TAVERNIER, FL 33070

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
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Address:
City-St-Zip:

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

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: MAXINE E BOERNER TREASURER AD HOC

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date