2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# N95000001290

Entity Name: CHRISTOPHER COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% SHARON K. NELLIS
2316 EMILYS WAY
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

% SHARON K. NELLIS
2316 EMILYS WAY
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-3307423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JAMES R
9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE, FL 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: DAVIDSON, DAVID
Address: 429 RIVER BIRCH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete
Name: RUFI, JOHN
Address: 2279 EMILY'S WAY
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SBOD ( ) Delete
Name: LOGSTON, KARLA
Address: 433 RIVER BIRCH LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T ( ) Delete
Name: NELLIS, SHARON
Address: 2316 EMILY'S WAY
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON K. NELLIS T 02/19/2007
Electronic Signature of Signing Officer or Director Date