

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001290

FILED  
Jan 26, 2009  
Secretary of State

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:

% SHARON K. NELLIS  
2316 EMILYS WAY  
FLEMING ISLAND, FL 32003 US

## Current Mailing Address:

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

## New Mailing Address:

% SHARON K. NELLIS  
2316 EMILYS WAY  
FLEMING ISLAND, FL 32003 US

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: TANK, BOB  
Address: 2276 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: P (X) Change ( ) Addition  
Name: DAVIDSON, DAVID  
Address: 429 RIVER BIRCH  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VP (X) Change ( ) Addition  
Name: TANK, BOB  
Address: 2276 EMILY'S WAY  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: SBOD (X) Change ( ) Addition  
Name: LOGSTON, KARLA  
Address: 433 RIVER BIRCH LANE  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T (X) Change ( ) Addition  
Name: NELLIS, SHARON  
Address: 2316 EMILY'S WAY  
City-St-Zip: FLEMING ISLAND, FL 32003

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: SHARON K. NELLIS

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date