

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001290

FILED
Feb 12, 2010
Secretary of State

Entity Name: AHRISTOPHER COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

NELLIS, SHARON K
CHRISTOPHER COVE HOMEOWNERS ASSOC. INC.
2316 EMILY'S WAY
FLEMING ISLAND, FL 32003 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: SHARON K. NELLIS

02/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIDSON, DAVID
Address: 429 RIVER BIRCH
City-St-Zip: FLEMING ISLAND, FL 32003

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

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

Title: T
Name: NELLIS, SHARON K
Address: 2316 EMILY'S WAY
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: SHARON NELLIS

T

02/12/2010

Electronic Signature of Signing Officer or Director

Date