2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N95000002459

Entity Name: CEDAR COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 9301
WINTER HAVEN, FL 33883

New Principal Place of Business:

306 KENDALL DRIVE
WINTER HAVEN, FL 33884

Current Mailing Address:

P.O. BOX 9301
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-3157424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LINDERMAN, ROBERT
357 BANYAN DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

BATISTA, JOSE
306 KENDALL DRIVE
WINTER HAVEN, FL 33884 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: JOSE BATISTA 02/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: LINDERMAN, ROBERT
Address: 357 BANYAN DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D/V ( ) Delete
Name: PAYNE, RICHARD
Address: 354 VAIL
City-St-Zip: WINTER HAVEN, FL 33884

Title: D/S ( ) Delete
Name: RASCH, SANDRA L
Address: 301 KENDALL DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: LINDERMAN, LINDA
Address: 357 BANYAN DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: DT ( ) Delete
Name: TOWNS, SANDRA
Address: 346 VAIL DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: BATISTA, JOSE
Address: 306 KENDALL DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D/V (X) Change ( ) Addition
Name: SHOULTS, DAVID
Address: 342 VAIL DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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

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

Title: DT (X) Change ( ) Addition
Name: DEPEW, JILL
Address: 321 KENDALL DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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: JILL E. DEPEW DT 02/08/2009
Electronic Signature of Signing Officer or Director Date