

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002978



1. Entity Name

COVE WATER SYSTEM, INC.

Principal Place of Business

30741 GLENN DRIVE
TAVARES FL 32778

Mailing Address

P O BOX 1822
TAVARES FL 32778-1822
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTEN, DOLLIE J
31202 COVE RD.
TAVARES FL 32778

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PURDY, ELIZABETH B
STREET ADDRESS 11321 DAVISON LANE
CITY-STATE-ZIP TAVARES FL 32778

TITLE T ☐ Delete
NAME BREWSTER, ROSEMARY
STREET ADDRESS 11333 DAVISON LANE
CITY-STATE-ZIP TAVARES FL 32778

TITLE D ☐ Delete
NAME WHYTE, WILLIAM
STREET ADDRESS 31215 COVE ROAD
CITY-STATE-ZIP TAVARES FL 32778

TITLE D ☐ Delete
NAME WHITTEN, DOLLIE
STREET ADDRESS 31202 COVE ROAD
CITY-STATE-ZIP TAVARES FL

TITLE P ☐ Delete
NAME MASSEY, GIDDON
STREET ADDRESS 31142 COVE ROAD
CITY-STATE-ZIP TAVARES FL 32778

TITLE D ☐ Delete
NAME ARLEDGE, BLAINE
STREET ADDRESS 31051 COVE RD.
CITY-STATE-ZIP TAVARES FL 32778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME U000000730674
STREET ADDRESS 05/08/07-80090-003 61.25
CITY-STATE-ZIP

No-Changes ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosemary B. Brewster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2007 352-343-1708

Date

Daytime Phone #