

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002978

FILED
Apr 18, 2009
Secretary of State

Entity Name: COVE WATER SYSTEM, INC.

Current Principal Place of Business:

30741 GLENN DRIVE
TAVARES, FL 32778

New Principal Place of Business:

11333 DAVISON LANE
TAVARES, FL 32778

Current Mailing Address:

P O BOX 1822
TAVARES, FL 327781822 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTEN, DOLLIE J
31202 COVE RD.
TAVARES, FL 32778 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: D () Delete
Name: PURDY, ELIZABETH B
Address: 11321 DAVISON LANE
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: BREWSTER, ROSEMARY
Address: 11333 DAVISON LANE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WHYTE, WILLIAM
Address: 31215 COVE ROAD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WHITTEN, DOLLIE
Address: 31202 COVE ROAD
City-St-Zip: TAVARES, FL

Title: P () Delete
Name: MASSEY, GIDDON
Address: 31142 COVE ROAD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: ARLEDGE, BLAINE
Address: 31051 COVE RD.
City-St-Zip: TAVARES, FL 32778

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:

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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 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: ROSEMARY BREWSTER

T

04/18/2009

Electronic Signature of Signing Officer or Director

Date