

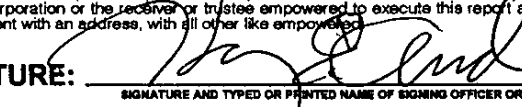


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>191000000903</u>			
1. Entity Name COVE SOUND HOMEOWNERS ASSOCIATION INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business CSYC HOMEOWNERS ASSN. INC.		3. Mailing Address CSYC HOMEOWNERS ASSN. INC.	
Suite, Apt. #, etc. YACHT CLUB PLACE		Suite, Apt. #, etc. 12930 YACHT CLUB PLACE	
City & State CORTEZ, FL		City & State CORTEZ, FL	
Zip 34215	Country MANATEE	Zip 34215	Country MANATEE
4. FEI Number 65-0773200		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name HARVEY ANDERSON	
		Street Address (P.O. Box Number is Not Acceptable) 12930 YACHT CLUB PLACE	
		City CORTEZ FL Zip Code 34215	
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <u>12/18/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ANDERSON, HARVEY E. T/D 12930 YACHT CLUB PLACE CORTEZ, FL 34215	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800052521448 12/30/05--01067--021 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CONTE, JOHN P/D 12922 YACHT CLUB PLACE CORTEZ, FL 34215	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERTS, JIM V/S/D 12914 YACHT CLUB PLACE CORTEZ, FL 34215	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>B 12/27/05</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>12/18/05</u> 941-792-0700 <small>Daytime Phone #</small>	

FILED
05 DEC 23 AM 11:31
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

CR2E037B (12/02)