2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N98000004534

Entity Name: CORAL COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1700 S MIRAMAR AVE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

1700 S MIRAMAR AVE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3573276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, JULIE
1704 S MIRAMAR AVE
INDIALANTIC, FL 32903 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: SD ( ) Delete
Name: BROWER, PATRICK
Address: 81 MIAMI AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: PD ( ) Delete
Name: POLLOCK, RAYMOND L
Address: 91 MIAMI AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete
Name: LEE, ROBERT
Address: 1708 SE MIRAMAR AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VD ( ) Delete
Name: CLIFFORD, KEVIN C
Address: 1710 S MIRAMAR AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete
Name: HOLLAND, JAMES W
Address: 1706 S MIRAMAR AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: TD ( ) Delete
Name: BOURLIER, DON
Address: 101 MIAMI AVE.
City-St-Zip: INDIALANTIC, FL 32903

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:

Title: D (X) Change ( ) Addition
Name: CLIFFORD, KEVIN C
Address: 1710 S MIRAMAR AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VD (X) Change ( ) Addition
Name: HOLLAND, JAMES W
Address: 1706 S MIRAMAR AVE
City-St-Zip: INDIALANTIC, FL 32903

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: DOROTHY BOURLIER TD 04/05/2009

Electronic Signature of Signing Officer or Director — Date