

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006885

FILED
Jan 12, 2006
Secretary of State

Entity Name: CUDJOE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

21220 CONCH DRIVE
CUDJOE KEY, FL 33042 US

New Principal Place of Business:

21270 CONCH DRIVE
CUDJOE KEY, FL 33042 US

Current Mailing Address:

PO BOX 420761
SUMMERLAND KEY, FL 33042 US

New Mailing Address:

FEI Number: 65-0905744 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KLEIN, GARY E
21220 CONCH DRIVE
CUDJOE KEY, FL 33042 US

Name and Address of New Registered Agent:

MUNSON, ROBERT G
21270 CONCH DRIVE
CUDJOE KEY, FL 33042 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: ROBERT G. MUNSON - TREASURER

01/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KLEIN, GARY
Address: 21220 CONCH DRIVE
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: TD () Delete
Name: MUNSON, ROBERT G
Address: 21270 CONCH DR
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: PD () Delete
Name: SILVERSTEIN, THEA
Address: 730 FITZWATER STREET
City-St-Zip: PHILADELPHIA, PA 19147 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MAZZA, JAN
Address: 21260 CONCH DRIVE
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: () Change () Addition
Name:
Address:
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 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: ROBERT G. MUNSON

TD

01/12/2006

Electronic Signature of Signing Officer or Director

Date