

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006885

FILED  
Mar 14, 2009  
Secretary of State

**Entity Name:** CUDJOE COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

21260 CONCH DRIVE  
CUDJOE KEY, FL 33042 US

**New Principal Place of Business:**

**Current Mailing Address:**

3501 RUSSELL THOMAS LANE  
DAVIDSONVILLE, MD 21035 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:**

MAZZA, JAN M  
21260 CONCH DRIVE  
CUDJOE KEY, FL 33042 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: TD ( ) Delete  
Name: MAZZA, JAN  
Address: 3501 RUSSELL THOMAS LANE  
City-St-Zip: DAVIDSONVILLE, MD 21035 US

Title: SD ( ) Delete  
Name: REISS, JENNIFER  
Address: 21230 CONCH DR  
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: PD ( ) Delete  
Name: SILVERSTEIN, THEA  
Address: 352 WYLDHAVEN ROAD  
City-St-Zip: ROSEMONT, PA 19010 US

**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:

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: JAN MAZZA

TD

03/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date