

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003552

FILED
Jan 13, 2009
Secretary of State

Entity Name: CORAL COVE BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

253 MARINA DRIVE
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

253 MARINA DRIVE
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 65-0795767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONKLIN, HOWARD
2030 HARBOR TOWN DR SUITEA
FORT PIERCE, FL 34946 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: NANCY, SPALDING
Address: 211 MARINA DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: EGGNATZ, LEE
Address: 272 BERMUDA BEACH DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: MARINARD, JOSEPH
Address: 278 BERMUDA BEACH DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: P () Delete
Name: GESNER, WILLIAM J
Address: 253 MARINA DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: RIORDAN, MICHAEL C
Address: 213 MARIANA DR
City-St-Zip: FORT PIERCE, FL 34949

Title: T () Delete
Name: BROWNING, BRETT W
Address: 230 MARIANA DR.
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROY, SWENSON
Address: 256 MARINA DR
City-St-Zip: FORT PIERCE, FL 34949

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: () 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: WILLIAM GESNER

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date