

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2008
Secretary of State**

DOCUMENT# N99000005445

Entity Name: THE COVE HOMEOWNERS ASSOCIATION OF SEMINOLE COUNTY, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3613770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKIN, ANDREA L
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: PD () Delete
Name: SMITH, GEORGE
Address: 3270 SAFE HARBOR LANE
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: HOSEIN, MICHAEL
Address: 3236 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: PETERS, JOANN
Address: 2745 TEAK PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: CLARKE, PETER
Address: 3261 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SMITH, GEORGE
Address: 3270 SAFE HARBOR LANE
City-St-Zip: LAKE MARY, FL 32746

Title: PD (X) Change () Addition
Name: HOSEIN, MICHAEL
Address: 3236 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746

Title: VD (X) Change () Addition
Name: PETERS, JOANN
Address: 2745 TEAK PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: SD (X) Change () Addition
Name: CONRAD, KEN
Address: 3245 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746

Title: 2VD () Change (X) Addition
Name: SCHIPMAN, DANIEL
Address: 3278 SAFE HARBOR LANE
City-St-Zip: LAKE MARY, FL

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: MICHAEL HOSEIN

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date