

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 19, 2009
Secretary of State**

DOCUMENT# N99000005445

Entity Name: THE COVE HOMEOWNERS ASSOCIATION OF SEMINOLE COUNTY, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US**New Principal Place of Business:****Current Mailing Address:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US**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:LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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: NORTHAN, CARYN
Address: 2620 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746Title: PD () Delete
Name: HOSEIN, MICHAEL
Address: 3236 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746Title: VD () Delete
Name: PETERS, JOANN
Address: 2745 TEAK PLACE
City-St-Zip: LAKE MARY, FL 32746Title: SD () Delete
Name: CONRAD, KEN
Address: 3245 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746Title: 2VD () Delete
Name: SMITH, GEORGE
Address: 2601 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: SCHIPMAN, DANIEL
Address: 3278 SAFE HARBOR LANE
City-St-Zip: LAKE MARY, FL 32746Title: VD (X) Change () Addition
Name: CONRAD, KEN
Address: 3245 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746Title: 2VD (X) Change () Addition
Name: HOSEIN, MICHAEL
Address: 3236 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746Title: SD (X) Change () Addition
Name: NORTHAN, CARYN
Address: 2620 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746Title: TD (X) Change () Addition
Name: MOWINSKI, JIM
Address: 3286 SAFE HARBOR LANE
City-St-Zip: LAKE MARY, FL 32746

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: DANIEL SCHIPMAN

PD

11/19/2009

Electronic Signature of Signing Officer or Director

Date