2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130794

Entity Name: SEA COVE DEVELOPMENT CORP.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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8825 TAMIAMI TRAIL EAST NAPLES, FL 34113

Current Mailing Address: New Mailing Address:

8825 TAMIAMI TRAIL EAST NAPLES, FL 34113

FEI Number: 14-1875163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURKE, CONSTANCE M
1107 WEST MARION AVENUE SUITE 112
PUNTA GORDA, FL 33950 US

BURKE, CONSTANCE M
247 N COLLIER BLVD
SUITE 202

MARCO ISLAND, FL 34145 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: CONSTANCE M. BURKE 04/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

 Name:
 DE LANGE, LUIT
 Name:
 BOFF, JOSEPH D

 Address:
 8825 TAMIAMI TRAIL EAST
 Address:
 8825 TAMIAMI TRAIL EAST

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:
 NAPLES, FL 34113

Title: VP () Delete Title: VP (X) Change () Addition Name: BOFF, JOSEPH D Name: BOBROW, JOEL I

Address: 942 N. COLLIER BLVD Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: NAPLES, FL 34113

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BOBROW, JOEL IRA
 Name:
 BOBROW, JOEL I

 Address:
 8825 TAMIAMI TRAIL EAST
 Address:
 8825 TAMIAMI TRAIL EAST

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:
 NAPLES, FL 34113

Title: S () Delete Title: () Change () Addition

 Name:
 DELANGE GÄRNER, ULRIKE
 Name:

 Address:
 8825 TAMIAMI TRAIL EAST
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL I. BOBROW VP 04/02/2009