

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90139 019 ***150.00

DOCUMENT # P04000110138

1. Entity Name
CADES COVE COMMUNITY DEVELOPERS, INC.



Principal Place of Business
**6767 N. WICKHAM RD., SUITE 500
MELBOURNE, FL 32940**

Mailing Address
**6767 N. WICKHAM RD., SUITE 500
MELBOURNE, FL 32940**

50046882



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

201599483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name **Robert M. Kush**

Street Address (P.O. Box Number is Not Acceptable)

6767 N. Wickham Road

Suite 500

City

Melbourne

FL

Zip Code

32940

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUESCHER, SCOTT**
STREET ADDRESS **6767 N. WICKHAM RD., SUITE 500**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete
NAME **BUESCHER, JON**
STREET ADDRESS **6767 N. WICKHAM RD., SUITE 500**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete
NAME **KUSH, ROBERT M**
STREET ADDRESS **6767 N. WICKHAM RD., SUITE 500**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete
NAME **LONGO, PATRICK K**
STREET ADDRESS **6767 N. WICKHAM RD., SUITE 500**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete
NAME **SIGMUND, JAMES L**
STREET ADDRESS **6767 N. WICKHAM RD., SUITE 500**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Mitchell, Ken**
STREET ADDRESS **6767 N Wickham Rd., Suite 500**
CITY-ST-ZIP **Melbourne, FL 32940**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Page 2

Cades Cove Community Developers, Inc.

50046882
P04000110138

Continuation of #11

Addition:

S
Prince, Frank R.
6767 N. Wickham Road, Suite 500
Melbourne, FL 32940