

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730391 (0)

1. Corporation Name
THE COVE ASSOCIATION, INC.



Principal Place of Business: 100 CHERRY ST PANAMA CITY FLORIDA 32401
Mailing Address: 100 CHERRY ST PANAMA CITY FLORIDA 32401

3. Date Incorporated or Qualified: 08/07/1974
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1556754	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Zip		<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Country	28	Country	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24		29		8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

~~MC GILL, L.D.~~
100 CHERRY ST. #304
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81	Name	Elke McCoy
82	Street Address (P.O. Box Number is Not Acceptable)	726 Thomas Drive
83		
84	City	Panama City Bch
85	Zip Code	FL 32408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Elke M McCoy DATE: 4/3/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALES, EDNA	1.2 NAME	
STREET ADDRESS	100 CHERRY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAW, JACK	2.2 NAME	
STREET ADDRESS	100 CHERRY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MODUFFIE, ELAINE	3.2 NAME	William Grimsley
STREET ADDRESS	400 CHERRY ST.	3.3 STREET ADDRESS	2822 Agnes Scott Dr.
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, SARAH	4.2 NAME	Diane LaRoe
STREET ADDRESS	400 CHERRY ST.	4.3 STREET ADDRESS	100 Cherry St, # 403
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PAUL	5.2 NAME	
STREET ADDRESS	100 CHERRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREACE, ANN	6.2 NAME	
STREET ADDRESS	100 CHERRY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul B. Treace DATE: 4-10-96 DAYTIME PHONE #: (904)797-0631
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)