

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-1556754  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
ELKE MCCOY  
726 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HALES, EDNA</del>	1.2 NAME	BILL LEWIS
STREET ADDRESS	100 CHERRY ST.	1.3 STREET ADDRESS	217 BUNKERS COVE RD
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>KRAUSE, HELEN</del>	2.2 NAME	DONNA MORTLAND
STREET ADDRESS	100 CHERRY ST. #604	2.3 STREET ADDRESS	100 CHERRY ST, #603
CITY - ST - ZIP	PANAMA CITY FL	2.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WILLIAM GRIMSLEY</del>	3.2 NAME	KEN ROBERTS
STREET ADDRESS	2022 AGNES SCOTT DR	3.3 STREET ADDRESS	100 CHERRY ST, #505
CITY - ST - ZIP	PANAMA CITY FL	3.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DIANE LAROE</del>	4.2 NAME	JACK STRAW
STREET ADDRESS	100 CHERRY ST #403	4.3 STREET ADDRESS	100 CHERRY ST, # 702
CITY - ST - ZIP	PANAMA CITY FL	4.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DAVIS, PAUL</del>	5.2 NAME	EDDIS ADAMS
STREET ADDRESS	100 CHERRY STREET	5.3 STREET ADDRESS	100 CHERRY ST, #6
CITY - ST - ZIP	PANAMA CITY FL	5.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>TREACE, ANN</del>	6.2 NAME	CLARKE WEGNER
STREET ADDRESS	100 CHERRY STREET	6.3 STREET ADDRESS	100 CHERRY ST, # 705
CITY - ST - ZIP	PANAMA CITY FL	6.4 CITY - ST - ZIP	PANAMA CITY, FL 32401

14. 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 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: *David V. Mott* 2-9-98

CR2E037 (10/97)