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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730391

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/07/1974	4. FEI Number 59-1556754	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, BILL	
STREET ADDRESS	217 BUNKERS COVE RD	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORTLAND, DONNA	
STREET ADDRESS	100 CHERRY ST, #603	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROBERTS, KEN	
STREET ADDRESS	100 CHERRY ST, #505	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRAW, JACK	
STREET ADDRESS	100 CHERRY ST, #702	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, EDDIS	
STREET ADDRESS	100 CHERRY ST, #6	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEGNER, CLARKE	
STREET ADDRESS	100 CHERRY ST, #705	
CITY-ST-ZIP	PANAMA CITY FL 32401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. John Bozarth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100 Cherry St, #1	
1.3 STREET ADDRESS	Panama City, FL 32401	
1.4 CITY-ST-ZIP		
2.1 TITLE	D Bert Jinks	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100 Cherry St, #4	
2.3 STREET ADDRESS	Panama City, FL 32401	
2.4 CITY-ST-ZIP		
3.1 TITLE	T Sue Hundley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100 Cherry St, # 302	
3.3 STREET ADDRESS	Panama City, FL 32401	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D Mary Davenport	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100 Cherry St, # 204	
5.3 STREET ADDRESS	Panama City, FL 32401	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 3/1/99 850-247-8718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)