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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/07/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1556754	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELKE MCCOY 726 THOMAS DRIVE PANAMA CITY BEACH FL 32408				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P John Bozarth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, BILL	1.2 NAME	
STREET ADDRESS	217 BUNKERS COVE RD	1.3 STREET ADDRESS	100 Cherry St, #1
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D Bert Jinks <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTLAND, DONNA	2.2 NAME	
STREET ADDRESS	100 CHERRY ST, #603	2.3 STREET ADDRESS	100 Cherry St, #4
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	T Sue Hundley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, KEN	3.2 NAME	
STREET ADDRESS	100 CHERRY ST, #505	3.3 STREET ADDRESS	100 cherry st # 302
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	STRAW, JACK	4.2 NAME	
STREET ADDRESS	100 CHERRY ST, #702	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D Mary Davenport <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, EDDIS	5.2 NAME	
STREET ADDRESS	100 CHERRY ST, #6	5.3 STREET ADDRESS	100 Cherry St, # 204
CITY-ST-ZIP	PANAMA CITY FL 32401	5.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WEGNER, CLARKE	6.2 NAME	
STREET ADDRESS	100 CHERRY ST, #705	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	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)