

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90118 045 ****61.25

DOCUMENT # 730391

1. Entity Name
THE COVE ASSOCIATION, INC.

Principal Place of Business

100 CHERRY ST
 PANAMA CITY FLORIDA 32401

Mailing Address

100 CHERRY ST
 PANAMA CITY FLORIDA 32401-3212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1556754

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELKE MCCOY
726 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BOZARTH, JOHN	100 CHERRY ST #1	PANAMA CITY FL 32401	<input type="checkbox"/>
D	JINKS, BERT	100 CHERRY ST #4	PANAMA CITY FL 32401	<input type="checkbox"/>
T	HANDLEY, SUE	100 CHERRY ST #302	PANAMA CITY FL 32401	<input checked="" type="checkbox"/>
SD	STRAW, JACK	100 CHERRY ST, #702	PANAMA CITY FL 32401	<input checked="" type="checkbox"/>
D	DAVENPORT, MARY	100 CHERRY ST #204	PANAMA CITY FL 32401	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gary Hall	100 Cherry St, # 301	Panama City, FL 32401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ann Kruse Percival	322 Burkens Cove Rd	Panama City, FL 32401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	Norman Griffin	100 Cherry St, #501	Panama City, FL 32401	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 617, 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 #

3/13/00 (850) 763-1915

CR2E037 (9/99)