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

1. Corporation		(6)				
COVE	CAY COUNTRY CLUB, INC.					
Principal Place of Business Mailing Address						
2612 COVE CAY DRIVE 2612 COVE CAY DRIVE CLEARWATER FL 34620-1302 CLEARWATER FL 34620-1302			302	10000184 -06/03/96010 ***61.25		
				3. Date Incorporated or Qualified 10/17/1977	3a. Date of Last Report 06/27/1995	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1768044	Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & State	,	City & State	,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes Description: This corporation has liability for in	ntangible tax under s. 199.032,	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	agistered Agent	
			81 Name	IAMS, HERB		
MORGAN, JOHN			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
2812 COVE CAY DRIVE				COVE CAY DRIVE, APT.	2701	
CLEARW	ATER FL 34620		83			
`•			84 City	RWATER	FL 85 Zip C 120	
11 Dureuent t	o the provisions of Sections 617 0500 c	and 617 1508 Florida Statutes	the shows named co	engration submits this statement for the nur	nose of changing its registered office	
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						
tamiliar with, and accept the obligations of, Section 617-0503, Florida Statutes.						
SIGNATURE _	Signature, typed or printed name of registered agent ar	id title if applicable (NOTE	: Registered Agent signature re	equired when reinstating:	11 X 11 9 L	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	P	Change Addition	
NAME	MORGAN, JOHN		1 2 NAME	WILLIAMS, HERB		
STREET ADDRESS	11831 94TH ST NORTH LARGO FL		1.3 STREET ADDRESS	2900 COVE CAY DRIVE,	1	
CITY-ST-ZIP TITLE	V	MOELETE	14 CITY - ST - ZIP 21 THTLE	CLEARWATER, FL 34620	Change Addition	
NAME	BOYER, HERBERT		22 NAME	V DANGER BOOKS	— сландо — маснон	
STREET ADDRESS	2900 COVE CAY DR APT 4-A		2.3 STREET ADDRESS	TAYLOR, ROGER 2618 Cove Cay Drive,	#9	
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY-ST-ZIP	Clearwater, FL		
TITLE	T	DELETE	3 1 TITLE	T	Change Addition	
NAME	FREEMAN, WILLIAM		3.2 NAME	FREEMAN, WILLIAM		
STREET ADDRESS	2621 COVE CAY DR APT 907		3.3 STREET ADDRESS	2621 COVE CAY DRIVE,	APT. 907	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL		
TITLE	D CAPOCAITED I	DELETE	4.1 TITLE	D	☐ Change ☐ Addition	
NAME DESCRIPTION	Carpenter, L. 1131 South Keystone Dr.		4 2 NAME 4 3 STREET ADDRESS	PESCE, CARMEN		
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL		4.4 City - ST - ZIP	800 COVE CAY DRIVE, A	APT. 1E	
TITLE	D	DELETE	5 1 TITLE	CLEARWATER, FL	Change Addition	
NAME	NOWELL, W.	_	5.2 NAME	D DOWNER		
STREET ADDRESS	2621 COVE CAY DR. #407		5 3 STREET ADDRESS	WILLIAMS, DONALD 2618 COVE CAY DRIVE,	ΛDT 107	
C)TY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	CLEARWATER, FL	AF1. 107	
TITLE	C	DELETE	61 TITLE	CLEARWATER, FE	Change Addition	
NAME	QUIGLEY, EDWARD		6.2 NAME	QUIGLEY, EDWARD		
STREET ADDRESS	2800 COVE CAY DR APT 5-C		6.3 STREET ADDRESS	2800 COVE CAY DRIVE,	APT. 5-C	
City-St-ZiP	CLEARWATER FL	ith this filing is valuntarily furgic	64 CITY-ST-ZIP			
14. Ldo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify but Asymptic State (Assection 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: Jack M. Culle dis GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 536-1949