

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740448

(6)

1. Corporation Name

COVE CAY COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

2612 COVE CAY DRIVE
CLEARWATER FL 34620-1302

2612 COVE CAY DRIVE
CLEARWATER FL 34620-1302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1977

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1768044

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, HERB
2900 COVE CAY DRIVE APT 2701
CLEARWATER FL 34620

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME WILLIAMS, HERB
STREET ADDRESS 2900 COVE CAY DRIVE #2701
CITY-ST-ZIP CLEARWATER FL 34630

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME TAYLOR, ROGER
STREET ADDRESS 2618 COVE CAY DR #9
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME FREEMAN, WILLIAM
STREET ADDRESS 2621 COVE CAY DR APT 907
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME PESCE, CARMEN
STREET ADDRESS 800 COVE CAY DRIVE APT 1E
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME WILLIAM, DONALD
STREET ADDRESS 2618 COVE CAY DRIVE, APT 107
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME QUIGLEY, EDWARD
STREET ADDRESS 2800 COVE CAY DR APT 5-C
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C
Norma Murray
2800 Cove Cay Drive Apt. 7F
Clearwater, FL

14. I do 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

SIGNATURE REQUIRED

7/15/97

FILED
Jul 23 1997 8:00am
Secretary of State



CR2E037 (4/97)