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NONPROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 753385

(4)

1. Corporation Name

THE COVE AT LAKE MIRA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 1804
GOLDENROD FL 32733

P O BOX 1804
GOLDENROD FL 32733-1804

3. Date Incorporated or Qualified
07/17/1980

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGHARDT, H.F.
3984 LAKE MIRA DR.
ORLANDO FL 32817

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

H F Burghardt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PELLOSIE, JOHN
STREET ADDRESS 3951 LAKE MIRA COURT
CITY-ST-ZIP ORLANDO FL

TITLE S
NAME GINSBURG, STU
STREET ADDRESS 8559 SIDON ST.
CITY-ST-ZIP ORLANDO FL

TITLE TD
NAME BURGHARDT, H.F.
STREET ADDRESS 3984 LAKE MIRA DR.
CITY-ST-ZIP ORLANDO FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Dir Pres D.
1.2 NAME Pellosie, John
1.3 STREET ADDRESS 3951 Lake Mira Ct
1.4 CITY-ST-ZIP Orlando FL 32817

2.1 TITLE Dir
2.2 NAME Ginsburg, Stu
2.3 STREET ADDRESS 8559 Sidon St
2.4 CITY-ST-ZIP Orlando FL 32817

3.1 TITLE Dir
3.2 NAME Burghardt, H F
3.3 STREET ADDRESS 3984 Lake Mira Dr
3.4 CITY-ST-ZIP Orlando FL 32817

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

H F Burghardt

2/13/97

CP2E037 (9/96)