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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 754309 (3)
1. Corporation Name
CROWN COVE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
601 CROWN COVE PENSACOLA FL 32501 601 CROWN COVE PENSACOLA FL 32501-6180

3. Date Incorporated or Qualified 09/24/1980 3a. Date of Last Report 07/11/1996

21 601 E. GOVERNMENT ST. 26 601 E. GOVERNMENT ST.
22 PENSACOLA, FL 27
23 32501 US 28 PENSACOLA, FL 29 32501 30 US

4. FEI Number 59-2745987 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MICHAEL T. BASS
601 CROWN COVE
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name KIEVIT, KELLY + ODDM, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 16 WEST MAIN ST.
84 City PENSACOLA FL 85 Zip Code 32501

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 Robert W. Kievit ROBERT W. KIEVIT, PRESIDENT DATE 4/19/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/T <input type="checkbox"/> DELETE	1.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDEMAN, LA DELLE	1.2 NAME	
STREET ADDRESS	6320 HEART PINE DR.	1.3 STREET ADDRESS	615 CROWN COVE DR.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D/P <input type="checkbox"/> DELETE	2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEVIT, ROBERT	2.2 NAME	
STREET ADDRESS	601 E. GOVERNMENT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, DAVID B.	3.2 NAME	
STREET ADDRESS	4709 E. GONZALEZ ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, MICHAEL T.	4.2 NAME	
STREET ADDRESS	601 CROWN COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> DELETE	5.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA G. B	5.2 NAME	PAMELA G. BORDELON
STREET ADDRESS		5.3 STREET ADDRESS	1919 E. MALLORY ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Robert W. Kievit ROBERT W. KIEVIT DATE 4/19/97 (904) 434-3527

CR2E037 (9/96)