


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 754309	
1. Entity Name CROWN COVE OWNERS ASSOCIATION, INC.	

Principal Place of Business 601 E GOVERNMENT ST PENSACOLA, FL 32501 US	Mailing Address PO BOX 1141 PENSACOLA, FL 32591 US
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03312005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2745987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIEVIT, KELLY & ODOM P 15 W MAIN ST PENSACOLA, FL 32501
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000290713 04/06/05-80078-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DODSON, DAVID 1709 E GONZALEZ ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPATCH, CHARLES 613 CROWN COVE DR PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCKINNON, MARGARET 1709 E GONZALEZ ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, CAMILE 601 CROWN COVE DR PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPATCH, TONI 615 CROWN COVE DR PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Charles Spatch (Charles Spatch) 4/01/05 8503418456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #