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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02843 (3)

1. Corporation Name

COVE CAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business 2622 COVE CAY DRIVE CLEARWATER FL 34620	Mailing Address C/O CUSTOM COMMUNITY MANAGEMENT 2331 BELLAIR ROAD SUITE D CLEARWATER FL 34624 US
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3. Date Incorporated or Qualified 05/01/1984
4. FEI Number 59-2512284
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. BOX 1632</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>LARGO, FL</i>
Zip 24	Country 25
Country 26	Zip 29 <i>33709</i>
Country 30	Country 30 <i>PENELAS</i>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RANDAZZO, FRANK M. CUSTOM COMMUNITY MANAGEMENT 2331 BELLAIR ROAD SUITE D CLEARWATER FL 34624

10. Name and Address of New Registered Agent 81 Name R.V. DeROGH / SMC ASSET MANAGEMENT, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2104 15 STREET NORTH 83 84 City ST. PETERSBURG FL 85 Zip Code 33713

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, to 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]* **President SMC Asset Management, Inc. 3/30/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD JAMES, HERBERT
STREET ADDRESS	2617 COVE CAY DRIVE #805
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD BALDWIN, ROBERT
STREET ADDRESS	2800 COVE CAY DRIVE #7E
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD REUTHER, MIKE
STREET ADDRESS	900 COVE CAY DR 5D
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	T DAVIS, RALPH
STREET ADDRESS	800 COVE CAY DRIVE #1C
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D JONES, HESTER
STREET ADDRESS	2821 COVE CAY DRIVE #709
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HELIGANN, GILBERT
STREET ADDRESS	2620 COVE CAY DR 201
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD MIKE REUTHER
2.3 STREET ADDRESS	900 COVE CAY DRIVE #5D
2.4 CITY-ST-ZIP	CLEARWATER FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD YOLANDA HAUER
3.3 STREET ADDRESS	3300 COVE CAY DRIVE #5F
3.4 CITY-ST-ZIP	CLEARWATER, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D DICK BRONELLE
5.3 STREET ADDRESS	2875 NURSERY RD
5.4 CITY-ST-ZIP	CLEARWATER FL 34624
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D GREGORY STIFF
6.3 STREET ADDRESS	2617 COVE CAY DRIVE #106
6.4 CITY-ST-ZIP	CLEARWATER FL

14. 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 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]* **3-27-98**

CR2E037 (10/97)