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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02843

1. Corporation Name

COVE CAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

2622 COVE CAY DRIVE
 CLEARWATER FL 34620

Mailing Address

P.O. BOX 1623
 LARGO FL 33779
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 P.O. BOX 1632	05/01/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2512284
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28 LARGO FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	
24	29 33779	30 USA

9. Name and Address of Current Registered Agent

R.V. DEPUUGH/SMC ASSET MGMT
2164 15TH CIRCLE N
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, HERBERT	1.2 NAME	ROGER TAYLOR
STREET ADDRESS	2617 COVE CAY DRIVE #605	1.3 STREET ADDRESS	2618 COVE CAY DR #906
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	1ST VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUTHER, MIKE	2.2 NAME	ELANOR CAHILL
STREET ADDRESS	900 COVE CAY DR, #5-D	2.3 STREET ADDRESS	2620 COVE CAY DR, #607
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUER, YOLANDA	3.2 NAME	HARRY JOEL
STREET ADDRESS	3300 COVE CAY DR, #5-F	3.3 STREET ADDRESS	3400 COVE CAY DR 61
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RALPH	4.2 NAME	
STREET ADDRESS	800 COVE CAY DRIVE #1C	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	2ND VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNELLE, DICK	5.2 NAME	CHUCK WELLS
STREET ADDRESS	2375 NAUSERU RD	5.3 STREET ADDRESS	2618 COVE CAY DR #707
CITY-ST-ZIP	CLEARWATER FL 34624	5.4 CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIFF, GREGORY	6.2 NAME	PAUL HILSON
STREET ADDRESS	2617 COVE CAY DR, #106	6.3 STREET ADDRESS	2621 COVE CAY DR #509
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER FL 33760

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED PRESIDENT

3/30/99

(707) 536-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)