

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 FEB 28 AM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N37774** (9)  
1. Corporation Name  
**QUEEN'S COVE HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4110 SOUTH FLORIDA AVENUE  
LAKELAND FL** **4110 SOUTH FLORIDA AVENUE  
LAKELAND FL**

3. Date Incorporated or Qualified <b>04/23/1990</b>	3a. Date of Last Report <b>02/01/1994</b>
4. FEI Number <b>59-3110178</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**STEPHENS, DONALD K.  
4110 SOUTH FLORIDA AVENUE  
SUITE A  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>COFFMAN, KATHLEEN</b>
STREET ADDRESS	<b>4110 SOUTH FLORIDA AVE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>VD</b>
NAME	<b>TODD, M.A.</b>
STREET ADDRESS	<b>4110 SOUTH FLORIDA AVE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>STD</b>
NAME	<b>HUNT, HAL</b>
STREET ADDRESS	<b>4110 SOUTH FLORIDA AVE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
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	<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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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: *Kathleen M. Coffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**KATHLEEN M. COFFMAN**

2-22-95 (813) 646-5881 X225  
DATE (Year) (Month) (Day) TELEPHONE NUMBER (Area Code) (Number)