

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37774** (9)

1. Corporation Name

QUEEN'S COVE HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 04/23/1990	3a. Date of Last Report 02/28/1995
4. FEI Number 59-3110178	Applied For <input type="checkbox"/> Not Applicable
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
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. Zip	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. City	84. City
85. Zip Code	FL 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME COFFMAN, KATHLEEN	1.1 TITLE PD	1.2 NAME CAROL OWEN
STREET ADDRESS 4110 SOUTH FLORIDA AVE	CITY-ST-ZIP LAKELAND FL	1.3 STREET ADDRESS 4110 S. FLORIDA AVE.	1.4 CITY-ST-ZIP LAKELAND, FL. 33813
TITLE VD	NAME TODD, M.A.	2.1 TITLE	2.2 NAME
STREET ADDRESS 4110 SOUTH FLORIDA AVE	CITY-ST-ZIP LAKELAND FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE STD	NAME HUNT, HAL	3.1 TITLE	3.2 NAME
STREET ADDRESS 4110 SOUTH FLORIDA AVE	CITY-ST-ZIP LAKELAND FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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)(k), 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: *Hal H. Hunt, Treasurer* Date: *2/25/96* (941) 646-5881

CR2E037 (12/95)