

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**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (23, 27)
Zip (24, 28)

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 (81-85)

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 STREET ADDRESS: 4110 SOUTH FLORIDA AVE CITY-ST-ZIP: LAKELAND FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: CAROL OWEN 1.3 STREET ADDRESS: 4110 S. FLORIDA AVE. 1.4 CITY-ST-ZIP: LAKELAND, FL. 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: TODD, M.A. STREET ADDRESS: 4110 SOUTH FLORIDA AVE CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: HUNT, HAL STREET ADDRESS: 4110 SOUTH FLORIDA AVE CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)