


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37774 (9)**  
 1. Corporation Name  
**QUEEN'S COVE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>4110 SOUTH FLORIDA AVENUE LAKELAND FL</b>	Mailing Address <b>4110 SOUTH FLORIDA AVENUE LAKELAND FL</b>
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3. Date Incorporated or Qualified <b>04/23/1990</b>		
4. FEI Number <b>59-3110178</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

2. Principal Place of Business	2a. Mailing Address
21 <b>3542 Majesty Loop</b> Suite, Apt. #, etc.	26 <b>3542 Majesty Loop</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 <b>Winter Haven, FL</b> Zip Country	28 <b>Winter Haven, FL</b> Zip Country
24 <b>33880</b> 25 <b>POLK</b>	29 <b>33880</b> 30 <b>POLK</b>

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 <b>Lennard Cocco, Pres</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3520 Majesty Loop</b>	
83 City <b>Winter Haven, FL 33880</b>	
84 City <b>FL</b>	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 *Donald Cocco* DATE **1/23/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, CAROL 4110 SOUTH FLORIDA AVENUE LAKELAND FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TODD, M.A. 4110 SOUTH FLORIDA AVE LAKELAND FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ROBERT J. 4110 SOUTH FLORIDA AVE LAKELAND FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/P Philip E. Cupp 3341 Queens Cove Loop Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/T/D Dolores M. Lauer 3402 Cove Ct. W. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Michael Brady 3306 Queens Cove Loop Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Jennifer Kemp 3420 Cove Ct. E. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Debra Laboda 3408 Cove Ct. W. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Darcie Hurley 3512 Majesty Loop Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Dolores M. Lauer* DATE **1/23/98** 941-299-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)