


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90046 023 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N37774

1. Corporation Name
QUEEN'S COVE HOMEOWNERS ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 3542 MAJESTY LOOP WINTER HAVEN FL 33880 US | Mailing Address 3542 MAJESTY LOOP WINTER HAVEN FL 33880 US |
|---|---|



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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 04/23/1990 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3110178 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

COCCO, LENNARD
3520 MAJESTY LOOP
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name **Chester Jadozinski**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **3515 Majesty Loop**

84 City **Winter Haven, FL** 85 Zip Code **33880**

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 *Chester Jadozinski* (NOTE: Registered Agent signature required when reinstating) DATE **3-1-99**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | CUPP, PHILIP E | |
| STREET ADDRESS | 3341 QUEENS COVE LOOP | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | LAUER, DELORES M | |
| STREET ADDRESS | 3402 COVE CT | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BRADY, MICHAEL | |
| STREET ADDRESS | 3306 QUEENS COVE LOOP | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KEMP, JENNIFER | |
| STREET ADDRESS | 3420 COVE CT, E | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LABODA, DEBRA | |
| STREET ADDRESS | 3408 COVE CT, W | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HURLEY, DARCIE | |
| STREET ADDRESS | 3512 MAJESTY LOOP | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Daniel Cubert | |
| 1.3 STREET ADDRESS | 3409 Cove Ct. W. | |
| 1.4 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| 2.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Stephanie Seal | |
| 2.3 STREET ADDRESS | 3718 Imperial Drive | |
| 2.4 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Tim Johnson | |
| 3.3 STREET ADDRESS | 3307 Queens Cove Loop | |
| 3.4 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Dee Manza | |
| 4.3 STREET ADDRESS | 3514 Majesty Loop | |
| 4.4 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Jolee Murray | |
| 5.3 STREET ADDRESS | 3501 Majesty Loop | |
| 5.4 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Ian Steiner | |
| 6.3 STREET ADDRESS | 3303 Queens Cove Loop | |
| 6.4 CITY-ST-ZIP | Winter Haven, FL 33880 | |

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: *Chester Jadozinski* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **3-1-99** DAYTIME PHONE # **941-291-3498**

CR2E037 (1/198)