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FILED  
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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/23/1990

4. FEI Number

59-3110178

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-99  
DATE

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99  
Date

941-291-3498  
Daytime Phone #

CR2E037 (1/198)