


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90205 039 \*\*\*\*61.25

**DOCUMENT # N37774**  
 1. Entity Name  
**QUEEN'S COVE HOMEOWNERS ASSOCIATION, INC.**



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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3110178**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PIVER, WANDA**  
**3743 IMPERIAL DRIVE**  
**WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent  
 Name **Sherri Barrios**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3730 Imperial Dr.**  
 City **Winter Haven**      **FL**      Zip Code **33880**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE Wanda Piver      DATE **5/1/05**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BARRIOS, SHERRI</b>	
STREET ADDRESS	<b>3730 IMPERIAL DR.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PIVER, WANDA</b>	
STREET ADDRESS	<b>3743 IMPERIAL DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TRINIDAD, ANGEL</b>	
STREET ADDRESS	<b>3719 IMPERIAL DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>Rendol Whidden</b>	<input type="checkbox"/> Delete
NAME	<b>3721 Imperial Dr.</b>	
STREET ADDRESS	<b>Winter Haven, FL 33880</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda Piver      DATE **5/1/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



1st MOORE      CR2E037 (10/04)