



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90113 011 ****65.00

DOCUMENT # N37774					
1. Entity 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		 01182006 Chg-NP CR2E037 (11/05)	
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 59-3110178	Applied For Not Applicable
6. Name and Address of Current Registered Agent BARRIOS, SHERRI 3730 IMPERIAL DRIVE WINTER HAVEN, FL 33880				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name Richard Legendre					
Street Address (P.O. Box Number is Not Acceptable) 3979 Warbler Drive					
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 <u>Richard Legendre</u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRIOS, SHERRI		NAME	Richard Legendre	
STREET ADDRESS	3730 IMPERIAL DR.		STREET ADDRESS	3979 Warbler Drive	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Agricultural Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIDDEN, RENDOL		NAME	WHIDDEN, RENDOL	
STREET ADDRESS	3721 IMPERIAL DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAMMY HENRY		NAME	Tammy Henry	
STREET ADDRESS	3401 COVE COURT		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ED. LUTERAN	
STREET ADDRESS			STREET ADDRESS	3637 QUEENS COVE BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LISA NOBLE	
STREET ADDRESS			STREET ADDRESS	3951 Warbler Dr	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete	TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Fielding Dickey	
STREET ADDRESS			STREET ADDRESS	3527 MAJESTY LOOP	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER HAVEN FL 33880	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard Legendre</u>		Richard LEGENDRE		1-19-2006 863 221-7760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	