2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N37774

Entity Name: QUEEN'S COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3542 MAJESTY LOOP
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

3542 MAJESTY LOOP
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-3110178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, TAMMY
3401 COVER COURT WEST
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	B	( ) Delete
Name:	RAFTER, JAMES	
Address:	3996 WARBLER DRIVE	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	B	( ) Delete
Name:	WILLIAM, CHERRY	
Address:	3900 WARBLER DRIVE	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	P	( ) Delete
Name:	HENRY, TAMMY	
Address:	3401 COVE COURT	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	T	( ) Delete
Name:	LUTERAN, EDWARD M	
Address:	3637 QUEENS COVE BLVD	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	S	( ) Delete
Name:	NOBLE, LISA	
Address:	3981 WARBLER DR	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	B	( ) Delete
Name:	DIEBOLD, THOMAS	
Address:	3972 WARBLER DRIVE	
City-St-Zip:	WINTER HAVEN, FL 33880	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD M. LUTERAN T 04/03/2009

Electronic Signature of Signing Officer or Director — Date