


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006345 (9)
1. Corporation Name
EMMAS COVE PROPERTYOWNER'S ASSOCIATION, INCORPORATED



Principal Place of Business C/O JAMES H. LITTLE 3040 KERSHAW COURT MELBOURNE FL 32934	Mailing Address C/O JAMES H. LITTLE 3040 KERSHAW COURT MELBOURNE FL 32934
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3. Date Incorporated or Qualified 11/07/1997	4. FEI Number 59-3468391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**LITTLE, JAMES H
3040 KERSHAW COURT
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LITTLE, JAMES H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, JAMES H	1.2 NAME	
STREET ADDRESS	3040 KERSHAW COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	1.4 CITY-ST-ZIP	
TITLE	T NICARI, ROSEANNE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICARI, ROSEANNE	2.2 NAME	
STREET ADDRESS	3055 KERSHAW COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	2.4 CITY-ST-ZIP	
TITLE	S PALERMO, JEANMARIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALERMO, JEANMARIE	3.2 NAME	
STREET ADDRESS	3085 KERSHAW COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP	
TITLE	D Little, James H	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Little, James H	4.2 NAME	
STREET ADDRESS	3040 Kershaw Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne FL 32934	4.4 CITY-ST-ZIP	
TITLE	D Micari, Roseanne	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Micari, Roseanne	5.2 NAME	
STREET ADDRESS	3055 Kershaw Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32934	5.4 CITY-ST-ZIP	
TITLE	D Palermo, Jeanmarie	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palermo, Jeanmarie	6.2 NAME	
STREET ADDRESS	3065 Kershaw Court	6.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne FL 32934	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: James H Little James H Little 4/20/98 409-242-1320

CR2E037 (10/97)