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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:48

DOCUMENT # **549399** **(4)**

1. Corporation Name
KOVE ASSOCIATION, INC. OF VOLUSIA

Principal Place of Business	Mailing Address
~~1 KOVE ESTATES~~	~~1 KOVE ESTATES~~
~~OSTEEN FL 32764-6750~~	~~OSTEEN FL 32764-6750~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1977	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1783216	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 123 Kove Blvd	26 123 Kove Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Osteen, FL	City & State 28 Osteen, FL
Zip 24 32764-8519 Country 25 Volusia	Zip 29 32764-8519 Country 30 Volusia

9. Name and Address of Current Registered Agent

COMBS, ALEX B.
806 SWALLOW LANE
OSTEEN FL 32764

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	TROTTA, EMILIO R.	1.2 NAME	
STREET ADDRESS	87 EAGLE POINT SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	MITCHELL, EVERETT	2.2 NAME	BROWN, RALPH
STREET ADDRESS	607 SWALLOW LANE	2.3 STREET ADDRESS	712 Whippoorwill Lane
CITY-ST-ZIP	OSTEEN, FL 00000	2.4 CITY-ST-ZIP	Osteen, FL 32764
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WOODHOUSE, EDITH	3.2 NAME	
STREET ADDRESS	1002 BLUE JAY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	STALTER, LOUIS	4.2 NAME	
STREET ADDRESS	702 WHIPPORWILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	BEAN, BARBARA	5.2 NAME	
STREET ADDRESS	943 BLUE HERON	5.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Emilio R. Trotta 1/23/95 407-322-6539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060680 CP