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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37397 (9)

1. Corporation Name

COVE POINTE HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

Mailing Address

LIGHTHOUSE POINT MGMT. & REALTY
18 CHURCH STREET
OSPREY FL 34229

LIGHTHOUSE POINT MGMT. & REALTY
18 CHURCH STREET
OSPREY FL 34229-3375

3. Date Incorporated or Qualified
03/26/1990

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2357-3 S. TAMMAMIA TR.

4. FEI Number
65-0184923

Applied For
Not Applicable

22 City & State

27 Suite # 110

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

23 Zip Country

28 Venice, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

29 34293 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHTHOUSE MGMT.
18 CHURCH STREET
OSPREY FL 34229

81 Name William C. Jaack
82 Street Address (P.O. Box Number is Not Acceptable)
1937 Cove Pointe Dr
83
84 City Venice FL 85 Zip Code 34293

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 William C. Jaack

William C. Jaack 4/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME KATTERMAN, DERALD
STREET ADDRESS 1932 COVE POINTE DRIVE
CITY-ST-ZIP VENICE FL 34293

1.1 TITLE D
1.2 NAME Katterman, Derald
1.3 STREET ADDRESS 1932 Cove Pointe Dr
1.4 CITY-ST-ZIP Venice, FL 34293

TITLE T
NAME WILLIAMS, BERNICE
STREET ADDRESS 1933 TRADEWINDS CIRCLE
CITY-ST-ZIP VENICE FL 34293

2.1 TITLE P
2.2 NAME Chamberlain, Robert R. III
2.3 STREET ADDRESS 1928 Cove Pointe Dr
2.4 CITY-ST-ZIP Venice, FL 34293

TITLE SD
NAME HUGHES, ARTHUR
STREET ADDRESS 40 TREMAINE TERRACE
CITY-ST-ZIP COBOURG, ONTARIO K9A5A8

3.1 TITLE STD
3.2 NAME Jaack, William C
3.3 STREET ADDRESS 1937 Cove Pointe Dr
3.4 CITY-ST-ZIP Venice, FL 34293

TITLE SD
NAME HUGHES, ART
STREET ADDRESS 40 TREMAINE TERR.
CITY-ST-ZIP COBOURG, ONTARIO K9A5A-8

4.1 TITLE D
4.2 NAME Hughes, Arthur
4.3 STREET ADDRESS 40 Tremaine Terrace
4.4 CITY-ST-ZIP Cobourg, Ontario K9A5A-8

TITLE D
NAME CAHILL, JIM
STREET ADDRESS 1922 COVE POINTE DR.
CITY-ST-ZIP VENICE FL 34293

5.1 TITLE D
5.2 NAME McLarnan, Ralph W.
5.3 STREET ADDRESS 1929 Tradewinds Circle
5.4 CITY-ST-ZIP Venice, FL 34293

TITLE AS
NAME LLOYD, REITH J
STREET ADDRESS 18 CHURCH ST
CITY-ST-ZIP OSPREY FL 34229

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 William C. Jaack 4/16/97 941-492-9417

CR2E037 (9/96)