


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713723** (5)

1. Corporation Name

**QUEEN'S COVE HOUSE CONDOMINIUM CO., INC.**



Principal Place of Business <b>5540 N. OCEAN BLVD. OCEAN RIDGE FL 33435</b>	Mailing Address <b>5540 N. OCEAN BLVD. OCEAN RIDGE FL 33435</b>
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3. Date Incorporated or Qualified <b>11/30/1967</b>
4. FEI Number <b>59-1286162</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CLIFFORD, MARTIN  
5540 N OCEAN BLVD #102  
OCEAN RIDGE FL 33435**

10. Name and Address of New Registered Agent  
**81** Name **HUCKABY, JANET**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**7187 Thompson Rd**  
**83** City  
**Lantana FL** **85** Zip Code **33462**

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 *Janet Huckaby* **JANET HUCKABY** **3-8-98**  
Signature, typed & printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>SEZPESNI, ATTILA</b> <b>5540 NORTH OCEAN BLVD #114</b> <b>OCEAN RIDGE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENE, DAVID D</b> <b>5540 N OCEAN BLVD #101</b> <b>OCEAN RIDGE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARTIN, CLIFFORD</b> <b>5540 N OCEAN BLVD #102</b> <b>OCEAN RIDGE, FL 00000</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>GATES, HOLLIS</b> <b>5540 N OCEAN BLVD</b> <b>OCEAN RIDGE FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZUCKERMAN, RALPH</b> <b>5540 NORTH OCEAN BLVD #212</b> <b>OCEA RIDGE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>V/D</b> <b>GREENE, DAVID</b> <b>5540 N Ocean Blvd</b> <b>Ocean Ridge, FL 33435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>T/D</b> <b>SZEPESEI, ATTILA</b> <b>5540 N Ocean Blvd</b> <b>Ocean Ridge, FL 33435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>QUINN, MARY</b> <b>5540 N Ocean Blvd</b> <b>Ocean Ridge, FL 33435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>P/D</b> <b>GATES, HOLLIS</b> <b>5540 N Ocean Blvd.</b> <b>Ocean Ridge, FL 33435</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>S/D</b> <b>ZUCKERMAN, VIOLET</b> <b>5540 N Ocean Blvd</b> <b>Ocean Ridge, FL 33435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Hollis Gates* **HOLLIS GATES** **3-8-98** (561) 965-4486

CP2E037 (10/97)