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Jun 04 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                          |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT #

1. Corporation Name

*N37397*  
*Cove Pointe Homeowners Association, Inc*

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

*3/26/90*

4. FEI Number

*65-0184923*

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

*34293*

30

*USA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*William C. Jaeck*  
*1937 Cove Pointe Dr*  
*Venice, FL 34293*

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 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

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE *P. Chamberlain, Robert R. III* ☒ DELETE

NAME *1928 Cove Pointe Dr*

STREET ADDRESS *Venice, FL 34293*

CITY-ST-ZIP

TITLE *Director* ☒ DELETE

NAME *Hughes, Arthur*

STREET ADDRESS *1950 Cove Pointe Dr*

CITY-ST-ZIP *Venice, FL 34293*

TITLE *Director* ☒ DELETE

NAME *Ralph W. McLennan*

STREET ADDRESS *1929 Tradewinds Circle*

CITY-ST-ZIP *Venice, FL 34293*

TITLE *Director* ☐ DELETE

NAME *Derald C. Katterman*

STREET ADDRESS *1932 Cove Pointe Dr*

CITY-ST-ZIP *Venice, FL 34293*

TITLE *Director - Secretary/Treas* ☐ DELETE

NAME *William C. Jaeck*

STREET ADDRESS *1937 Cove Pointe Dr*

CITY-ST-ZIP *Venice, FL 34293*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE *Director, V President* ☐ Change ☒ Addition

12 NAME *Edward F. Doidge*

13 STREET ADDRESS *1921 Trade Winds Circle*

14 CITY-ST-ZIP *Venice, FL 34293*

21 TITLE *D* ☐ Change ☒ Addition

22 NAME *Paul M. McMahon*

23 STREET ADDRESS *1925 Trade Winds Circle*

24 CITY-ST-ZIP *Venice, FL 34293*

31 TITLE *D* ☐ Change ☒ Addition

32 NAME *Anthony Kreimer*

33 STREET ADDRESS *1933 Tradewinds Circle*

34 CITY-ST-ZIP *Venice, FL 34293*

41 TITLE *PD* ☒ Change ☐ Addition

42 NAME *Derald C. Katterman*

43 STREET ADDRESS *1932 Cove Pointe Dr*

44 CITY-ST-ZIP *Venice, FL 34293*

51 TITLE *466/4* ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE *100002554571* ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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: *William C. Jaeck* *William C. Jaeck* *5/24/98* *941-492-9147*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)