

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90020 017 \*\*\*\*61.25

**DOCUMENT # N37397**

1. Corporation Name

**COVE POINTE HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business

~~LIGHTHOUSE POINT MGMT. & REALTY~~  
~~10 CHURCH STREET~~  
~~OSPREY FL 34229~~

Mailing Address

2357-3 S. TAMIMAMI TRAIL  
SUITE #110  
VENICE FL 34293  
US



2. Principal Place of Business

2a. Mailing Address

21 **Cove Pointe Dr**

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Venice, FL**

27 Suite, Apt. #, etc.

City & State

23 **34293 USA**

City & State

Zip Country

24 Zip Country

Zip Country

29 Zip Country

3. Date Incorporated or Qualified

**03/26/1990**

4. FEI Number

**65-0184923**

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

9. Name and Address of Current Registered Agent

**JAECK, WILLIAM C**  
**1937 COVE POINTE DR**  
**VENICE FL 34293**

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 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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VPD**  
STREET ADDRESS **DOIDGE, EDWARD F**  
CITY-ST-ZIP **1921 TRADE WINDS CIRCLE**  
**VENICE FL 34293**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **MCMAHON, PAUL M**  
CITY-ST-ZIP **1925 TRADE WINDS CIRCLE**  
**VENICE FL 34293**

1.2 NAME

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **KREIMER, ANTHONY**  
CITY-ST-ZIP **1933 TRADE WINDS CIRCLE**  
**VENICE FL 34293**

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME **DST**  
STREET ADDRESS **JAECK, WILLIAM C**  
CITY-ST-ZIP **1937 COVE POINTE DRIVE**  
**VENICE FL 34293**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

3.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

4.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

5.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

6.2 NAME

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

SIGNATURE:

*William C. Jaeck* **William C. Jaeck** 2/14/99 941-492-9147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)