


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90018 011 ****61.25

DOCUMENT # 713723					
1. Entity Name QUEEN'S COVE HOUSE CONDOMINIUM CO., INC.					
Principal Place of Business QUEEN'S COVE HOUSE 5011 N. OCEAN BLVD. OCEAN RIDGE, FL 33435			Mailing Address C/O MGMT. SERVICES 5011 N OCEAN BLVD OCEAN RIDGE, FL 33435 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1286162	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AASKOV, GAIL A MANAGEMENT SERVICES 5011 N OCEAN BLVD OCEAN RIDGE, FL 33435			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	Jo Ann Gawron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIGEANT, LYNNE		NAME	5540 N. Ocean Blvd	
STREET ADDRESS	5540 N OCEAN BLVD #205		STREET ADDRESS	Ocean Ridge, FL 33435	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZEPESI, ATILLA		NAME		
STREET ADDRESS	5540 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLAS, HANK		NAME		
STREET ADDRESS	5540 N OCEAN BLVD #111		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURCY, C.RICHARD		NAME		
STREET ADDRESS	5540 N OCEAN BLVD #201		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, RICHARD		NAME		
STREET ADDRESS	5540 N OCEAN BLVD #207		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Henry J. Ballas</i>		4/14/08		561-276-3220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Henry Ballas, President					