


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90064 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 740448</b>					
1. Corporation Name <b>COVE CAY COUNTRY CLUB, INC.</b>					
Principal Place of Business 2612 COVE CAY DRIVE CLEARWATER FL 33760			Mailing Address 2612 COVE CAY DRIVE CLEARWATER FL 33760		

126879 - 90064 - 11



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/17/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1768044	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOARDMAN, LAMBERT D 2612 COVE CAY DRIVE CLEARWATER FL 33760				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] (NOTE: Registered Agent signature required when reinstating) DATE 1/27/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE		1.1 TITLE	VP/SEC.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DON			1.2 NAME	INGHAM, FRED		
STREET ADDRESS	2618 COVE CAY DRIVE #107			1.3 STREET ADDRESS	2614 COVE CAY DRIVE #107		
CITY-ST-ZIP	CLEARWATER FL 33760			1.4 CITY-ST-ZIP	CLEARWATER, FL 33760	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VSD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE			
NAME	MURRAY, NORMA			2.2 NAME			
STREET ADDRESS	2800 COVE CAY DRIVE #7-F			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33760			2.4 CITY-ST-ZIP			
TITLE	VP/T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, GLENN			3.2 NAME			
STREET ADDRESS	13106 CENTER AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 43643			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TELLER, PAUL			4.2 NAME			
STREET ADDRESS	2618 COVE CAY DRIVE #907			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33760			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUNELLE, RICHARD			5.2 NAME			
STREET ADDRESS	2375 NURSERY ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34624			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIEFER, ROBERT			6.2 NAME			
STREET ADDRESS	2617 COVE CAY DRIVE #102			6.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33760			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE 1/27/99 Daytime Phone # 727-521-2112

CR2E037 (11/98)