

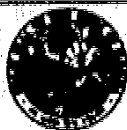
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 755057 (7)
1. Corporation Name
QUEEN'S COVE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**134 QUEENS ROAD
FT PIERCE FL 34949**

Mailing Address

**134 QUEENS ROAD
FT PIERCE FL 34949**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Report 04/27/1994
4. FEI Number 50-2265997	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNCH, FRANK J., JR.
900 VIRGINIA AVE, SUITE 12
FORT PIERCE FL 34982**

81 Name Steven R. McCain	85 Zip Code FL 34982
82 Street Address (P.O. Box Number is Not Acceptable) 900 Virginia Ave., Suite 12	
83 City Fort Pierce	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *REG. AGENT* *STEVEN R. MCCAIN* *3/23/95*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HASTINGS, JIM 116 QUEEN ANN CT FT. PIERCE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P MACCHIA, ANTHONY 116 QUEEN EUGENIA CT FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MACCHIA, TONY 116 QUEEN EUGENIA CT FT. PIERCE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP SCOTT, JOHN 128 QUEEN CHRISTINA CT FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRETING, BETTY 133 QUEEN CHRISTINA CT HUTCHINSON ISL FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDREWS, DIANE L 114 QUEEN ANN CT HUTCHINSON ISL FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, LARRY 115 QUEEN ANN CT FT. PIERCE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DODDS, JAMES 119 QUEEN FREDERIKA CT FT. PIERCE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *DIANE L. ANDREWS, TREASURER* *Diane L Andrews* *4/1/95* *407-467-0066*
Signature and typed or printed name of signing officer or director. Date (Signature Please)

755057

QUEENS COVE PROPERTY OWNERS' ASSOCIATION, INC.

134 QUEENS ROAD, FT. PIERCE, FL 34949

April 1, 1995

ATTACHMENT TO CORPORATION ANNUAL REPORT FOR 1995

ADDITIONAL DIRECTORS:

D
HASTINGS, Jim
116 Queen Ann Court
Ft. Pierce, FL 34949

D
SHOEMAKER, Russ
12 Sovereign Way
Ft. Pierce, FL 34949

D
HAUPT, Maria
131 Commonwealth Court
Ft. Pierce, FL 34949

SIGNATURE:

Diane L. Andrews
Diane L. Andrews, Treasurer

April 1, 1995