

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
134 QUEENS ROAD 134 QUEENS ROAD
FT PIERCE FL 34949 FT PIERCE FL 34949

3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Report 04/07/1995
4. FEI Number 59-2265997	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MCCAIN, STEVEN R
900 VIRGINIA AVENUE
SUITE 12
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name
Levine, Jay Steven
82 Street Address (P.O. Box Number is Not Acceptable)
3300 PGA Boulevard
83 Suite 500
84 City
Palm Beach Gardens FL 85 Zip Code
33410

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 *Jay Steven Levine*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/6/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MACCHIA, ANTHONY	
STREET ADDRESS	116 QUEEN EUGENIA COURT	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCOTT, JOHN	
STREET ADDRESS	128 QUEEN CHRISTINA COURT	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRETTING, BETTY	
STREET ADDRESS	133 QUEEN CHRISTINA CT	
CITY - ST - ZIP	HUTCHINSON ISL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDREWS, DIANE L	
STREET ADDRESS	114 QUEEN ANN CT	
CITY - ST - ZIP	HUTCHINSON ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LARRY	
STREET ADDRESS	115 QUEEN ANN CT	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DODDS, JAMES	
STREET ADDRESS	119 QUEEN FREDERIKA CT	
CITY - ST - ZIP	FT. PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	116 Queen Eugenia Court
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dodds, James
2.3 STREET ADDRESS	119 Queen Frederika Court
2.4 CITY - ST - ZIP	Ft. Pierce, FL 34949
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Macchia, Faith
3.3 STREET ADDRESS	116 Queen Eugenia Court
3.4 CITY - ST - ZIP	Ft. Pierce, FL 34949
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hastings, James
5.3 STREET ADDRESS	116 Queen Ann Court
5.4 CITY - ST - ZIP	Ft. Pierce, FL 34949
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DONALDSON, Don
6.3 STREET ADDRESS	138 Commonwealth Court
6.4 CITY - ST - ZIP	Ft. Pierce, FL 34949

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 119.07(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: Anthony Macchia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 465-1550
Daytime Phone #

CR2E037 (12/95)

Attachment to 1996 Nonprofit Corporation Annual Report - Document #755057

Additional Directors:

D

Shoemaker, Russ
12 Sovereign Way
Ft. Pierce, FL 34949

D

Haupt, Maria
1166 6th Avenue, Unit 13B
Vero Beach, FL 32965