

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 34949-83483. Date Incorporated or Qualified 11/07/1980
3a. Date of Last Report 03/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2265997		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, JAY STEVEN
3300 PGA BLVD
SUITE 500
PALM BEACH GARDENS FL 3341081 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	<input type="checkbox"/> DELETE	1.1 TITLE	VIC-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACCHIA, ANTHONY	1.2 NAME	JAMES DODDS
STREET ADDRESS	116 QUEEN EUGENIA COURT	1.3 STREET ADDRESS	119 QUEEN FREDERICKA COURT
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACCHIA, FAITH	2.2 NAME	MARIA LAINE-HAUP
STREET ADDRESS	116 QUEEN EUGENIA COURT	2.3 STREET ADDRESS	131 COMMONWEALTH CT.
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRETTING, BETTY	3.2 NAME	HOWARD HEALY
STREET ADDRESS	133 QUEEN CHRISTINA CT	3.3 STREET ADDRESS	34 SOVEREIGN WAY
CITY-ST-ZIP	HUTCHINSON ISL FL	3.4 CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, DIANE L	4.2 NAME	LARRY SMITH
STREET ADDRESS	114 QUEEN ANN CT	4.3 STREET ADDRESS	115 QUEEN ANN CT.
CITY-ST-ZIP	HUTCHINSON ISL FL	4.4 CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASTINGS, JAMES	5.2 NAME	PAULANN LOHAY
STREET ADDRESS	116 QUEEN ANN COURT	5.3 STREET ADDRESS	130 QUEEN CHRISTINA CT.
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DONALDSON, DON	6.2 NAME	
STREET ADDRESS	138 COMMONWEALTH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Anthony Macchia* REQUIRED

2/15/97

CR2E037 (9/96)