FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🗲

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

755057

(7)

QUEEN'S COVE PROPERTY OWNERS ASSOCIATION, INC.

| GO ELI | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
|---------------------------------------|--------------------------------|--|------------------------|---|---|-----------------------|-----------------------|--|--|-----------------------------|----------------------------|------------------------------|----------------------------------|-----------------------------|
| Principal Place of Business | | | | Mailing Address | | | | | | | | | B \$ B I B | 1811 9 1911 1821 |
| 134 QUEENS ROAD FT PIERCE FL 34949 | | | | 134 QUEENS ROAD FT PIERCE FL 34949 | | | | | 3. Date Incorporated or Qualified 11/07/1980 | | | | | |
| | | | | | | | | ĺ | 4. FEI Numb | | | | <u> </u> | oplied For ot Applicable |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 5. Certificate | | Desired | | \$8.75 | Additional |
| Suite, Apt. #, etc. | | | | Sulte, Apt. #, etc. | | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | |
| 22 | | | | 27 | | | | | Trust Fund Contribution Added to Fees | | | | | |
| City & State | | | | City & State | | | | | 7. Is this nonprofit corporation a homeowners association? | | | | | |
| 23 | | | | Zip Country | | | | | ☐ Yes ☐ No | | | | | |
| Zip 24 | Country 25 | | | Zip Country 30 | | | | B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No | | | | | | |
| 24 | 9. Name and Address of Current | | | | | | | 10. Name and Address of New Registered Agent | | | | | | |
| | | | | | | 81 | Name | | | | | | |) |
| LEVINE, JAY STEVEN | | | | | | | Street | Addres | s (P.O. Box Nu | ımber is No | ot Accepte | able) | | |
| 3300 PGA BLVD | | | | | | | | | | | | · | | |
| SUITE 500 | | | | | | | | | | | | | | |
| PALM BEACH GARDENS FL 33410 | | | | | | | City | | | | | FL | 85 Zip | Code |
| 11. Pursuant t | to the provis | ions of Sections 617.050 | 2 and 6 | 17.1508, Florida | Statutes, th | e abov | <u>l</u> e-namec | corpor | ation submits t | this stateme | ont for the | DUIDOSA O | of changing it | s registered |
| office or re | egistered ag | gent, or both, in the State ith, and accept the oblig | of Florid ations of | da. Such change f. Section 617.05(| was author 03. Florida | rized by Statute | y the cor s. | poration | n's board of dir | rectors. I he | ereby acc | ept the app | pointment as | registered |
| SIGNATURE _ | | , | | ., | | | | | | | | | | |
| | Signature, typed | or printed name of registered age | | | | | ent signatur | e required | when reinstating) | MOLIANIOE | 0 TO OFF | DATE | D DIRECTOR | C IN 10 |
| 12. | T044 | OFFICERS AN | | DELET DELET | | 13. 1.1 TITLE | | Dia | LECTUR. | S/CHANGE: | S TO OFF | ICERS AN | Change | Addition |
| TITLE NAME | | IIA, ANTHONY | ,— | | | I.2 NAME | | | D WRIG | -HT | | | | |
| STREET ADDRESS | | JEEN EUGENIA COUR | ıτ | | | | ADDRESS | 114 | Quear | ELIZA | BETH | CT. | | |
| CITY-ST-ZIP | FT. PIE | - | • | | | I.4 CITY - S | | | Pierce | | 349 | | | _ |
| TITLE | | HARY DIRECTOR | า | ☐ DELET | TE 2 | 1 TITLE | | DIR | ector. | | | | Change | Addition |
| NAME | | iia, f ai th | | | | 2.2 NAME | | P4u | LAANN | Lohi | 41 | | | |
| STREET ADDRESS | | ieen euginia court | ſ | | 1 | 2.3 STREET | ADDRESS | 130 | Queen | Chair | +INA | CH. | | |
| CITY-ST-ZIP | | PIERCE FL | | DELE | | 2. 4 CITY - | ST-ZIP | LB. | PIERCE | - 1-6 | - 34 | 444 | Change | Addition |
| TITLE | | DIRECTOR . | | L_ DECE | | 3.1 TITLE 3.2 NAME | | | | | | | | |
| NAME Street Address | | i, james Jeen Frederika Coi | IDT | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | FT PIEF | | JNI | | | 3.4. CITY - | | | | | | | | |
| TITLE | D | <u>.v</u> | | ☐ DELE | | I.1 TITLE | | 1 | | | • | | Change | Addition . |
| NAME | LAINE+ | HAUPT, MARIA | | | l · | I. 2 NAME | | | | | | | | |
| STREET ADDRESS | 131 CO | MMONWEALTH CT | | | I | 1.3 STREET | r address | | | | | | | |
| CITY-ST-ZIP | FT PIEF | RCE FL | | 200 | | I.4 CITY-S | ST-ZIP | ļ | | | | | Chases | Literation |
| TITLE | D | | | DELE | | 5.1 TITLE | | | | | | | L Change | ☐ Addition |
| NAME | | HOWARD | | | | 5.2 NÄME | , ADDDCCC | | | | | | | |
| STREET ADDRESS | FT PIEF | /E REIGN WAY | | | | 5.4 CITY-5 | r address St-71p | | | | | | | |
| CITY-ST-ZIP TITLE | | DEM DIRECTO | | DELE1 | | 6.1 TITLE | 31-71L | | | | | | ☐ Change | Addition |
| NAME | • | DSON, DON | - | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | MMONWEALTH COU | RT | | | 3.3 STREE | T ADDRESS | | | | | | | |
| CITY_ST_7IP | FORT P | NERCE EI | | | | 6.4 CITY-S | ST-ZIP | 1, | | | · · · · | | - 07 - 07 - 12 | 1-4 |
| 14. I hereby o | ertify that the | ne information supplied w ual report or supplementa | ith this f al annue | filing does not qual report is true ar | lalify for the | exemp and th | nion stat at my si | ted in Se gnature | ection 119.07(3 shall have the | s)(I), Florida same lega | i Statules. I effect as | . I further c : if made u | ertify that the nder oath; th | at i am an |
| officer or Block 12 | director of the or Block 13 | ual report or supplements he corporation or the rec- if changed, or on an atta | alver or chment | trustee empower with an address. | rad to execu | ute this | report a | s requir | ed by Chapter | 617, Florid | la Statutes | a; and that | my name ap | pears in |

FILED

Feb 09 1998 8:00am

Secretary of State