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Mar 17, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755057

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/07/1980

4. FEI Number

59-2265997

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LEVINE, JAY STEVEN  
3300 PGA BLVD  
SUITE 500  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2500 NORTH MILITARY TRAIL  
SUITE 275

84 City

BOCA RATON

FL

85 Zip Code  
33431

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MACCHIA, ANTHONY	
STREET ADDRESS	116 QUEEN EUGENIA COURT	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MACCHIA, FAITH	
STREET ADDRESS	116 QUEEN EUGENIA COURT	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DODDS, JAMES	
STREET ADDRESS	119 QUEEN FREDERIKA COURT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAINE-HAUP, MARIA	
STREET ADDRESS	131 COMMONWEALTH CT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, DAVID	
STREET ADDRESS	114 QUEEN ELIZABETH CT.	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONALDSON, DON	
STREET ADDRESS	138 COMMONWEALTH COURT	
CITY-ST-ZIP	FORT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDREWS, DIANE L.	
1.3 STREET ADDRESS	114 QUEEN ANN CT	
1.4 CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RILEY, DOROTHY	
2.3 STREET ADDRESS	136 COMMONWEALTH CT	
2.4 CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCOTT, JOHN	
4.3 STREET ADDRESS	128 QUEEN CHRISTINA CT	
4.4 CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MAC GRATH, JUDY	
5.3 STREET ADDRESS	131 PARLIAMENT CT	
5.4 CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 REQUIRED

2/1/99 561-467-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)



237968-90035-45  
755057

**PROPERTY OWNERS ASSOCIATION, INC.**

134 QUEENS ROAD • FORT PIERCE, FLORIDA 34949-8348

**Attachment to 1999 Nonprofit Corporation Annual Report**

**Block 12 - Additional Directors:**

Richard Harley  
133 Queens Road  
Hutchinson Island, FL 34949

Norbert Langer, Sr.  
121 Queen Ann Court  
Hutchinson Island, FL 34949

Paulaann Lohay  
130 Queen Christina Court  
Hutchinson Island, FL 34949