

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90060 005 ****70.00

DOCUMENT # 755057					
1. Entity Name QUEENS 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2265997	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVINE, JAY STEVEN 2500 NORTH MILITARY TRAIL SUITE H90 BOCA RATON, FL 33431			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ SUITE 490 City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME SCHILDWACHTER, ERIC STREET ADDRESS 121 QUEEN FREDERIKA CT CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE VD NAME SCHULT, CORT STREET ADDRESS 15 CASTLE CT CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME LANGER, NORBERT E STREET ADDRESS 121 QUEEN ANN CT CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SALEMA, JOSEPH S STREET ADDRESS 118 QUEEN ANN CT CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE SD NAME SCULTHORPE, KATHLEEN STREET ADDRESS 19 MAJESTIC WAY CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SCULTHORPE, KATHLEEN STREET ADDRESS 19 MAJESTIC WAY CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE TD NAME FREY, MICHAEL STREET ADDRESS 55 SOUVREIGN WAY CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SCHULT, CORT STREET ADDRESS 15 CASTLE CT CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE D NAME ANDREWS, DIANE STREET ADDRESS 114 QUEEN ANN CT CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DONALDSON, DON STREET ADDRESS 138 COMMONWEALTH COURT CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE D NAME SALEMA, JOSEPH STREET ADDRESS 118 QUEEN ANN CT CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>DIANE L. ANDREWS</u> DIANE L. ANDREWS, DIRECTOR <u>3/31/01</u> <u>772-467-0066</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					