2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755057

FILED Jan 15, 2007 Secretary of State

Entity Name: QUEENS COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 134 QUEENS ROAD HUTCHINSON ISLAND, FL 349498348 US **Current Mailing Address: New Mailing Address:** 134 QUEENS ROAD HUTCHINSON ISLAND, FL 349498348 US FEI Number: 59-2265997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVINE, JAY STEVEN ESQ 2500 NÓRTH MILITARY TRAIL STE. 490 BOCA RATON, FL 33431 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WOOD, CHARLES WOOD, CHARLES Name: Name: 123 QUEEN ANN Address: 123 QUEEN ANN Address: City-St-Zip: HUTCHINSON ISLAND, FL 34949 City-St-Zip: HUTCHINSON ISLAND, FL 34949 Title: () Delete Title: () Change () Addition SCHILDWACHTER, ERIC F Name: Name: Address: 121 QUEEN FREDERIKA CT Address: City-St-Zip: HUTCHINSON ISLAND, FL 34949 City-St-Zip: Title: () Delete Title: (X) Change () Addition DEBOLT, DWIGHT DEBOLT, DWIGHT Name: Name: 122 QUEEN ANN CT Address: Address: 122 QUEEN ANN CT City-St-Zip: HUTCHINSON ISLAND, FL 34949 City-St-Zip: HUTCHINSON ISLAND, FL 34949 Title: VD () Delete Title: () Change () Addition FREY, MICHAEL Name: Name: Address: 55 SOVEREIGN WAY Address: City-St-Zip: HUTCHINSON ISLAND, FL 34949 City-St-Zip: Title: () Delete Title: () Change () Addition KNAGGS, RON Name: Name: 133 QUEEN CHRISTINA CT Address: Address: HUTCHINSON ISLAND, FL 34949 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition JATT, DON ROBERT, BURN Name: Name: Address: 115 QUEEN CATHENNA Address: 105 QUEENS RD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

FORT PIERCE, FL 34949

SIGNATURE: RONALD KNAGGS T 01/15/2007

FORT PIERCE, FL 34949

City-St-Zip: