

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755057

FILED
Jan 20, 2008
Secretary of State

Entity Name: QUEENS COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

134 QUEENS ROAD
HUTCHINSON ISLAND, FL 349498348 US

New Principal Place of Business:

Current Mailing Address:

134 QUEENS ROAD
HUTCHINSON ISLAND, FL 349498348 US

New Mailing Address:

FEI Number: 59-2265997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY STEVEN ESQ.
2500 NORTH MILITARY TRAIL
STE. 490
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Title: SD () Delete
Name: WOOD, CHARLES
Address: 123 QUEEN ANN
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: PD () Delete
Name: SCHILDWACHTER, ERIC F
Address: 121 QUEEN FREDERIKA CT
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: D () Delete
Name: DEBOLT, DWIGHT
Address: 122 QUEEN ANN CT
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: VD () Delete
Name: FREY, MICHAEL
Address: 55 SOVEREIGN WAY
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: TD (X) Delete
Name: KNAGGS, RON
Address: 133 QUEEN CHRISTINA CT
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: D (X) Delete
Name: ROBERT, BURN
Address: 105 QUEENS RD
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KNAGGS, RONALD
Address: 133 QUEEN CHRISTINA CT
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: PD (X) Change () Addition
Name: FREY, MIKE
Address: 55 SOVEREIGN RD
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WELTON, LAURIE
Address: 116 QUEEN CHRISTINA CT
City-St-Zip: HUTCHINSON, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: RON KNAGGS

TREA

01/20/2008

Electronic Signature of Signing Officer or Director

Date