

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 28, 2009
Secretary of State

DOCUMENT# 755057

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:**LAIT, CAROL
134 QUEENS ROAD
HUTCHINSON ISLAND, FL 349498348 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: CAROL LAIT

02/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP T () Delete
Name: KNAGGS, RONALD
Address: 133 QUEEN CHRISTINA CT
City-St-Zip: HUTCHINSON ISLAND, FL 34949

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

Title: S () Delete
Name: ANDREWS, DIANE
Address: 114 QUEEN ANN CT.
City-St-Zip: HUTCHINSON, FL 34949

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: LAIT, CAROL
Address: 36 SOVEREIGN WAY
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: VP D (X) Change () Addition
Name: STULLER, R. SCOTT
Address: 125 QUEEN CATHERINA CT
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: STD (X) Change () Addition
Name: ANDREWS, DIANE
Address: 114 QUEEN ANN CT.
City-St-Zip: HUTCHINSON, FL 34949

Title: D () Change (X) Addition
Name: FREY, MICHAEL
Address: 55 SOVEREIGN WAY
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: D () Change (X) Addition
Name: DELAPORTE, ANN
Address: 107 QUEENS ROAD
City-St-Zip: HUTCHINSON ISLAND, FL 34949

Title: D () Change (X) Addition
Name: ANDERSON, MARGARET M
Address: 43 SOVEREIGN WAY
City-St-Zip: HUTCHINSON ISLAND, FL 34949

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: DIANE L. ANDREWS

STD

02/28/2009

Electronic Signature of Signing Officer or Director

Date