FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 756530

1. Corporation Name
The Cove Homeowners Association of Lake Harris, Inc

Principal Place of Business
31203 Cove Road
Tavares, Fl. 32778

Mailing Address

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number | Applied For | Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26 31201 Cove Rd.

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 Tavares, Fl.

Zip | Country
24 | 25

Zip | Country
29 32778 | 30 Lake

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ 61.25 **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Grace Nungessser, Agent
31201 Cove Road
Tavares, Fl. 32778

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Grace Nungessser - Grace Nungessser 5-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		1.1 TITLE P. / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Donald Felter 11344 Davison Lane Tavares, Fl. 32778 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE V. P. / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Helen Spiegel 11334 Davison Lane Tavares, Fl. 32778 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE Secy. / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Leah Felter 11344 Davison Lane Tavares, Fl. 32778 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE Treas. / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Rosemary Brewster 11333 Davison Lane Tavares, Fl. 32778 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE D / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Frank Dillard 11307 Dead River Rd. Tavares, Fl. 32778 ☒ Change ☐ Addition
TITLE D / NAME Clyde Stephens / STREET ADDRESS 11314 Davison Lane / CITY-ST-ZIP Tavares, Fl. 32778		6.1 TITLE D / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Bobby K. Cook 31215 Cove Road Tavares, Fl. 32778 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rosemary B Brewster, Treasurer 5-9-95 904-343-1708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #