

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756530 (2)  
1. Corporation Name  
COVE HOMEOWNERS ASSOCIATION OF LAKE HARRIS, INC.



Principal Place of Business: 31203 COVE ROAD TAVARES FL 32778  
Mailing Address: 31201 COVE RD TAVARES FL 32778

3. Date Incorporated or Qualified: 02/26/1981  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
4. FEI Number: 59-2959135  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: NUNGESSER, GRACE, 31201 COVE RD, 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, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: FELTER, DONALD STREET ADDRESS: 11344 DAVISON LANE CITY-ST-ZIP: TAVARES FL 32778	<input type="checkbox"/> DELETE	1.1 TITLE: MIKE RICE 1.2 NAME: MIKE RICE 1.3 STREET ADDRESS: 31053 COVE ROAD 1.4 CITY-ST-ZIP: TAVARES, FL. 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: BRIEGEL, HELEN STREET ADDRESS: 11334 DAVISON LANE CITY-ST-ZIP: TAVARES FL 32778	<input type="checkbox"/> DELETE	2.1 TITLE: VP 2.2 NAME: HELEN BRIEGEL 2.3 STREET ADDRESS: 11334 DAVISON LANE 2.4 CITY-ST-ZIP: TAVARES, FL. 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: FELTER, JEAN STREET ADDRESS: 11344 DAVISON LANE CITY-ST-ZIP: TAVARES FL 32778	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: S 3.2 NAME: PHYLLIS STEPHENS 3.3 STREET ADDRESS: 11314 DAVISON LANE 3.4 CITY-ST-ZIP: TAVARES, FL. 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DILLARD, FRANK STREET ADDRESS: 11307 DEAD RIVER RD CITY-ST-ZIP: TAVARES FL 32778	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: T 4.2 NAME: ROSEMARY BREWSTER 4.3 STREET ADDRESS: 11333 DAVISON LANE 4.4 CITY-ST-ZIP: TAVARES, FL. 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOK, BOBBY K STREET ADDRESS: 31215 COVE ROAD CITY-ST-ZIP: TAVARES FL 32778	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: DON FELTER 5.3 STREET ADDRESS: 11344 DAVISON LANE 5.4 CITY-ST-ZIP: TAVARES, FL. 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STEPHENS, CLYDE STREET ADDRESS: 11314 DAVISON LANE CITY-ST-ZIP: TAVARES FL 32778	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: BILL MURSH 6.3 STREET ADDRESS: 31050 COVE ROAD 6.4 CITY-ST-ZIP: TAVARES, FL. 32778	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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* Date: 4-29-65 Daytime Phone #

CR2E037 (12/95)