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FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 756530 (2)  
1. Corporation Name  
COVE HOMEOWNERS ASSOCIATION OF LAKE HARRIS, INC.

Principal Place of Business

Mailing Address

31203 COVE ROAD  
TAVARES FL 3277831201 COVE RD  
TAVARES FL 32778-48853. Date Incorporated or Qualified  
02/26/19813a. Date of Last Report  
05/01/19964. FEI Number  
59-2959135Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUNGESSER, GRACE  
31201 COVE RD.  
TAVARES FL 32778

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 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

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 P ☒ DELETE  
NAME MIKE RICE  
STREET ADDRESS 31053 COVE RD  
CITY-ST-ZIP TAVARES FL1.1 TITLE P. Helen Briegel ☒ Change ☐ Addition  
1.2 NAME 11334 Davison Ln  
1.3 STREET ADDRESS TAVARES, FL 32778  
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME BRIEGEL, HELEN  
STREET ADDRESS 11334 DAVISON LANE  
CITY-ST-ZIP TAVARES FL 327782.1 TITLE Vtahn Hoban ☒ Change ☐ Addition  
2.2 NAME 30731 Glenn Dr  
2.3 STREET ADDRESS TAVARES, FL 32778  
2.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME PHYLLIS STEPHENS  
STREET ADDRESS 11344 DAVISON LANE  
CITY-ST-ZIP TAVARES FL3.1 TITLE Same ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME ROSEMARY BREWSTER  
STREET ADDRESS 11333 DAVISON LANE  
CITY-ST-ZIP TAVARES FL4.1 TITLE Same ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME COOK, BOBBY K  
STREET ADDRESS 31215 COVE ROAD  
CITY-ST-ZIP TAVARES FL 327785.1 TITLE D. Grace Nungesser ☐ Change ☒ Addition  
5.2 NAME 31201 Cove Rd  
5.3 STREET ADDRESS TAVARES, FL 32778  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BILL MURSH  
STREET ADDRESS 31050 COVE RD  
CITY-ST-ZIP TAVARES FL6.1 TITLE P Bill Mursh ☐ Change ☐ Addition  
6.2 NAME 31050 Cove Rd  
6.3 STREET ADDRESS TAVARES, FL 32778  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 Brewster  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROSEMARY B BREWSTER4-26-97 352-343-1708  
Date Daytime Phone # 0014876

CR2E037 (9/96)