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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/26/1981	4. FEI Number 59-2959135	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 11333 Davison Lane 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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5. Certificate of Status Desired <input type="checkbox"/> 1 \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUNGESSER, GRACE
31201 COVE RD.
TAVARES FL 32778

Rosemary Brewster
11333 Davison Lane
Tavares, Fl. 32778

81 Name Rosemary B. Brewster	82 Street Address (P.O. Box Number is Not Acceptable) 11333 Davison Lane	83 City Tavares	84 State FL	85 Zip Code 32778
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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 *Rosemary B. Brewster* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME BRIEGEL, HELEN	
STREET ADDRESS 11334 DORISON LN	
CITY-ST-ZIP TAVARES FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME HOBON, JOHN	
STREET ADDRESS 30731 GLENN DR.	
CITY-ST-ZIP TAVARES FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME PHYLLIS STEPHENS	
STREET ADDRESS 11344 DAVISON LANE	
CITY-ST-ZIP TAVARES FL	
TITLE T	<input type="checkbox"/> DELETE
NAME ROSEMARY BREWSTER	
STREET ADDRESS 11333 DAVISON LANE	
CITY-ST-ZIP TAVARES FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME NUNGESSER, GRACE	
STREET ADDRESS 31201 COVE RD.	
CITY-ST-ZIP TAVARES FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MURSH, BILL	
STREET ADDRESS 31050 COVE RD	
CITY-ST-ZIP TAVARES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE XXXXXXXXXX Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME John Hoban	
1.3 STREET ADDRESS 30731 Glenn Drive	
1.4 CITY-ST-ZIP Tavares, Fl. 32778	
2.1 TITLE Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Charles Messer	
2.3 STREET ADDRESS 30732 Cove Road	
2.4 CITY-ST-ZIP Tavares, Fl. 32778	
3.1 TITLE Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Helen Rickard	
3.3 STREET ADDRESS 30849 Cove Road	
3.4 CITY-ST-ZIP Tavares, Fl. 32778	
4.1 TITLE XXXXXXXXXXXXXXXXXXXX Direct.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Helen M. Briegel	
4.3 STREET ADDRESS 11334 Davison	
4.4 CITY-ST-ZIP Tavares, Fl. 32778	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Grace Nungesser*

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