

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90058 021 ****61.25

DOCUMENT # 756530

1. Entity Name

COVE HOMEOWNERS ASSOCIATION OF LAKE HARRIS, INC.



Principal Place of Business

**31203 COVE ROAD
TAVARES FL 32778**

Mailing Address

**11333 DAVISON LN
TAVARES FL 32778
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2959135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWSTER, R B
11333 DAVISON LN
TAVARES FL 32778**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BROMMELAND, KRIS**
STREET ADDRESS **30920 CIRCLE DRIVE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **V** ☐ Delete
NAME **DEKONING, HANS**
STREET ADDRESS **30849 CORE ROAD**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **S** ☐ Delete
NAME **LAHKAMP, SUSAN**
STREET ADDRESS **30749 GLENN DRIVE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **T** ☐ Delete
NAME **ROSEMARY BREWSTER**
STREET ADDRESS **11333 DAVISON LANE**
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☐ Delete
NAME **BRIEGEL, H M**
STREET ADDRESS **11334 DAVISON**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Delete
NAME **MURSH, BILL**
STREET ADDRESS **31050 COVE RD**
CITY-ST-ZIP **TAVARES FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosemary B. Brewster, Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04 *352-343-1708*
Date Daytime Phone #