

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 756530

1. Entity Name
**COVE HOMEOWNERS ASSOCIATION OF LAKE HARRIS,
INC.**



Principal Place of Business
**30721 COVE RD
TAVARES, FL 32778**

Mailing Address
**30721 GLENN DR
TAVARES, FL 32778 US**



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2959135	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, JENNIFER
30721 GLENN DR
TAVARES, FL 32778**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE P	LOHKAMP, SUE
STREET ADDRESS 30749 COVE RD	
CITY-ST-ZIP TAVARES, FL 32778	

TITLE VP	MARTIN, KENNETH
STREET ADDRESS 30721 GLENN DR	
CITY-ST-ZIP TAVARES, FL 32778	

TITLE S	DEKONING, DAWN
STREET ADDRESS 30849 COVE RD.	
CITY-ST-ZIP TAVARES, FL 32778	

TITLE T	MARTIN, JENNIFER
STREET ADDRESS 30721 GLENN DR	
CITY-ST-ZIP TAVARES, FL 32778	

TITLE D	WHITTEN, DOLLIE
STREET ADDRESS 31202 COVE RD	
CITY-ST-ZIP TAVARES, FL 32778	

TITLE D	MURSH, BILL
STREET ADDRESS 31050 COVE RD	
CITY-ST-ZIP TAVARES, FL 32778	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jennifer Martin **Jennifer Martin**

1/19/07

352-552-2657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #