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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H71000 (4)

1. Corporation Name

THE COVE AT LEMON BLUFF, INC.



Principal Place of Business

Mailing Address

~~4252 ST JOHNS AVE~~
JACKSONVILLE FL 32210

~~4252 ST JOHNS AVE~~
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified
08/13/1985

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 5009 Oatega Farms Blvd

26 5009 Oatega Farms Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ☒

27

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32210

Country

Zip

29 32210

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NESBITT, THOMAS JR.

~~4252 ST JOHNS AVE~~ 5009 Oatega Farms Blvd.
JACKSONVILLE FL 32210

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 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-8-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME NESBITT, THOMAS JR.
STREET ADDRESS ~~4252 ST JOHNS AVE~~
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☒ Change ☐ Addition
5009 Oatega Farms Blvd.

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of officer or director

Date

Daytime Phone #

4-8-96 904-777-5755

CR2E034 (12/95)