

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 25 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N02843 (3)**
1. Corporation Name
COVE CAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
2622 COVE CAY DRIVE CLEARWATER FL 34620 **2622 COVE CAY DRIVE CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/01/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2512284** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. 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 & State 27. City & State

23. Zip 25. Country 28. Zip 29. Country

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

**CUSTOM COMMUNITY MGT.
% FRANK M RANDAZZO
2331 BELLEAIR RD., STE B
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

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, Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-18-95**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERD, JAMES
STREET ADDRESS	2817 COVE CAY DR. #605
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD
NAME	JONES, HESTER
STREET ADDRESS	2621 COVE CAY DR #709
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	BROGSART, ROBERT
STREET ADDRESS	2700 COVE CAY DR. #7B
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	NEILGARN, GILBERT
STREET ADDRESS	2620 COVE CAY DR #201
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD
NAME	HAUER, YOLANDA
STREET ADDRESS	3300 COVE CAY DR. #5F
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD
NAME	REUTHER, MARSHALL
STREET ADDRESS	900 COVE CAY DR. #5D
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Baldwin, Robert
1.3 STREET ADDRESS	2800 COVE CAY DR #7E
1.4 CITY-ST-ZIP	CLEARWATER, FL 34620
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENTLEY, KENNETH
2.3 STREET ADDRESS	2800 COVE CAY DR #7C
2.4 CITY-ST-ZIP	CLEARWATER, FL 34620
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REUTHER, MIKE
3.3 STREET ADDRESS	900 COVE CAY DR #5D
3.4 CITY-ST-ZIP	CLEARWATER, FL 34620
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RAISON, EUGENE
4.3 STREET ADDRESS	2900 COVE CAY DR #6E
4.4 CITY-ST-ZIP	CLEARWATER, FL 34620
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JONES, HESTER
5.3 STREET ADDRESS	2621 COVE CAY DR #709
5.4 CITY-ST-ZIP	CLEARWATER, FL 34620
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NEILGARN, Gilbert
6.3 STREET ADDRESS	2620 COVE CAY DR #201
6.4 CITY-ST-ZIP	CLEARWATER FL 34620

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

SIGNATURE: *[Signature]* DATE **4-28-95**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER, OFFICER OR DIRECTOR

EUGENE RAISON

NO2843

Cove Cay Community Association, Inc.

4-18-95

Additional Directors:

D

JAMES, HERB

2617 COVE CAY DRIVE # 625

CLEARWATER, FL 34620

D

LAUGHLIN, SID

2618 COVE CAY DRIVE # 1003

CLEARWATER, FL 34620

D

BLAESER, JOHN

900 COVE CAY DRIVE # 6-G

CLEARWATER, FL 34620

D

BOYER, HERBERT

2900 COVE CAY DRIVE # 4-A

CLEARWATER, FL 34620

D

SOSEL, HAROLD

3400 COVE CAY DRIVE # 6-I

CLEARWATER, FL 34620