

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **05/01/1984** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 <i>10 Custom Community Mgmt</i>	59-2512284	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 <i>2331 Belleair Road; Suite D</i>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28 <i>Clearwater, FL</i>		
Zip	Country		
24	25		
Zip	Country		
29 <i>34624</i>	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUSTOM COMMUNITY MGT. % FRANK M RANDAZZO 2331 BELLEAIR RD., STE B CLEARWATER FL 34624				81 Name	<i>Frank M. Randazzo, LCAM</i>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<i>Custom Community Management</i>		
				83	<i>2331 Belleair Road; Suite D</i>		
				84 City	FL	85 Zip Code	<i>34624</i>

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 *[Signature]* **Frank M. Randazzo, LCAM** **4/3/96**
Signature typed or printed name of registered agent (a.k.a.) if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALDWIN, ROBERT		1.2 NAME	<i>Herbert James</i>			
STREET ADDRESS	2800 COVE CAY DR 7E		1.3 STREET ADDRESS	<i>2617 Cove Cay Drive #605</i>			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	<i>Clearwater, FL 34620</i>			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VID	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENTLY, KENNETH		2.2 NAME	<i>Robert Baldwin</i>			
STREET ADDRESS	2800 COVE CAY DR 7C		2.3 STREET ADDRESS	<i>2800 Cove Cay Drive #7E</i>			
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	<i>Clearwater, FL 34620</i>			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<i>Same</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REUTHER, MIKE		3.2 NAME				
STREET ADDRESS	900 COVE CAY DR 5D		3.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RALSON, EUGENE		4.2 NAME	<i>Ralph Davis</i>			
STREET ADDRESS	2900 COVE CAY DR 6E		4.3 STREET ADDRESS	<i>800 Cove Cay Drive #1C</i>			
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	<i>Clearwater, FL 34620</i>			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, HESTER		5.2 NAME	<i>Hester Jones</i>			
STREET ADDRESS	2621 COVE CAY DR 70P		5.3 STREET ADDRESS	<i>2621 Cove Cay Drive #70P</i>			
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	<i>Clearwater, FL 34620</i>			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELLIGANN, GILBERT		6.2 NAME	<i>Gilbert Neillgann</i>			
STREET ADDRESS	2620 COVE CAY DR 201		6.3 STREET ADDRESS	<i>2620 Cove Cay Drive #201</i>			
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	<i>Clearwater, FL 34620</i>			

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95) * Not attached