

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02843 (3)**  
1. Corporation Name  
**COVE CAY COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>2622 COVE CAY DRIVE CLEARWATER FL 34620</b>	Mailing Address <b>C/O CUSTOM COMMUNITY MANAGEMENT 2331 BELLAIR ROAD SUITE D CLEARWATER FL 34624 US</b>
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3. Date Incorporated or Qualified <b>05/01/1984</b>	
4. FEI Number <b>59-2512284</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>P.O. BOX 1632</b> Suite, Apt. #, etc. 27
23 City & State	28 City & State <b>LARGO, FL</b>
24 Zip	29 Zip <b>33709</b>
25 Country	30 Country <b>PENELAS</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RANAZZO, FRANK M.  
CUSTOM COMMUNITY MANAGEMENT  
2331 BELLAIR ROAD SUITE D  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name <b>R.V. DeROGH / SMC ASSET MANAGEMENT, INC.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2104 15 CIRCLE NORTH</b>	
83	
84 City <b>SPETERSBURG</b>	85 Zip Code <b>FL 33713</b>

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, to 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 *R.V. DeRogh, President SMC Asset Management Inc 3/30/98*  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JAMES, HERBERT</b> <b>2617 COVE CAY DRIVE #805</b> <b>CLEARWATER FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BALDWIN, ROBERT</b> <b>2800 COVE CAY DRIVE #7E</b> <b>CLEARWATER FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>REUTHER, MIKE</b> <b>900 COVE CAY DR 5D</b> <b>CLEARWATER FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DAVIS, RALPH</b> <b>800 COVE CAY DRIVE #1C</b> <b>CLEARWATER FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JONES, HESTER</b> <b>2621 COVE CAY DRIVE #709</b> <b>CLEARWATER FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HELLIGANN, GILBERT</b> <b>2620 COVE CAY DR 201</b> <b>CLEARWATER FL</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD MIKE REUTHER 900 COVE CAY DRIVE #5D CLEARWATER, FL</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD YOLANDA HAUER 3300 COVE CAY DRIVE #5F CLEARWATER, FL</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D DICK BRONELLE 2875 NURSERY RD CLEARWATER FL 34624</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D GREGORY STIFF 2617 COVE CAY DRIVE #106 CLEARWATER, FL</b>

14. 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 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: *Herbert L. James* **3-27-98**

CR2E037 (10/97)