


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90001 007 ****61.25

0066110

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N02843
 1. Corporation Name
COVE CAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business 2622 COVE CAY DRIVE CLEARWATER FL 34620	Mailing Address P.O. BOX 1623 LARGO FL 33779 US
---	--



2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 1632	3. Date Incorporated or Qualified 05/01/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2512284
City & State 23	City & State LARGO FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29 33779	Country 30 USA	

9. Name and Address of Current Registered Agent R.V. DEPUUGH/SMC ASSET MGMT 2164 15TH CIRCLE N ST PETERSBURG FL 33713	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, HERBERT 2617 COVE CAY DRIVE #605 CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT ROGER TAYLOR 2618 COVE CAY DR #906 CLEARWATER FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REUTHER, MIKE 900 COVE CAY DR, #5-D CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1ST VICE PRESIDENT ELEANOR CAYALL 2620 COVE CAY DR, #607 CLEARWATER FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUER, YOLANDA 3300 COVE CAY DR, #5-F CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY HARRY JOSEL 3400 COVE CAY DR 601 CLEARWATER FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, RALPH 800 COVE CAY DRIVE #1C CLEARWATER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNELLE, DICK 2375 NAUSERU RD CLEARWATER FL 34624	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	2ND VICE PRESIDENT CHUCK WELLS 2618 COVE CAY DR #707 CLEARWATER FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIFF, GREGORY 2617 COVE CAY DR, #106 CLEARWATER FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR PAUL HANSON 2621 COVE CAY DR #509 CLEARWATER FL 33760

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, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED PRESIDENT 3/30/99 (707) 536-6022
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1.1/98)