

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 19 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N17586** (1)  
1. Corporation Name  
**THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**500 TABATHA DRIVE OSTEEN FL 32764**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/29/1986</b>	3a. Date of Last Report <b>05/23/1994</b>
4. FEI Number <b>59-2910939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent  
**WARD, WALTER L. JR.  
671 TABATHA DR.  
OSTEEN FL 32764**

10. Name and Address of New Registered Agent  
81 Name **Sherrri Holloway**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**671 Tabatha Drive**  
83 **Osteen**  
84 City **FL** 85 Zip Code **32764**

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 **Sherrri L. Holloway, President** DATE **4/11/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>WARD, WALTER L. JR.</b>
STREET ADDRESS	<b>671 TABATHA DR.</b>
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>
TITLE	<b>T</b>
NAME	<b>SISSON, GLENN</b>
STREET ADDRESS	<b>685 TABATHA DR.</b>
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>
TITLE	<b>DS</b>
NAME	<b>TALLEY, LORETTA</b>
STREET ADDRESS	<b>529 TABATHA DR.</b>
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>
TITLE	<b>V</b>
NAME	<b>GALLOWAY, GREG</b>
STREET ADDRESS	<b>600 TABATHA DR.</b>
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>
TITLE	<b>D</b>
NAME	<b>KIRKLAND, JAMES B</b>
STREET ADDRESS	<b>600 TABATHA DR.</b>
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>
TITLE	<b>D</b>
NAME	<b>WARD, WALTER</b>
STREET ADDRESS	<b>775 TABATHA DR.</b>
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sherrri Holloway</b>	
1.3 STREET ADDRESS	<b>671 Tabatha Drive.</b>	
1.4 CITY-ST-ZIP	<b>Osteen, FL 32764</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ANITA FIVEK</b>	
3.3 STREET ADDRESS	<b>698 Wild Acres Rd.</b>	
3.4 CITY-ST-ZIP	<b>Osteen FL 32764</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Bill Hambin</b>	
5.3 STREET ADDRESS	<b>539 Tabatha Dr.</b>	
5.4 CITY-ST-ZIP	<b>Osteen, FL 32764</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Ron FIVEK</b>	
6.3 STREET ADDRESS	<b>698 Wild Acres Rd.</b>	
6.4 CITY-ST-ZIP	<b>Osteen FL 32764</b>	

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 110.07(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 as an attachment with an address.

SIGNATURE: **LTS** DATE **3/29/95** DAYTIME PHONE # **407 321 9657**