

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



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

3. Date Incorporated or Qualified: **10/29/1986**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-2910939**  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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**HOLLOWAY, SHERRI  
671 TABATHA DRIVE  
OSTEEN FL 32764**

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: *Sherris Holloway* **President** DATE: **04-05-96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLLOWAY, SHERRI</b>	
STREET ADDRESS	<b>671 TABATHA DR.</b>	
CITY-ST-ZIP	<b>OSTEEN FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SISSON, GLENN</b>	
STREET ADDRESS	<b>685 TABATHA DR.</b>	
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FIUEK, ANITA</b>	
STREET ADDRESS	<b>698 WILD ACRES RD</b>	
CITY-ST-ZIP	<b>OSTEEN FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GALLOWAY, GREG</b>	
STREET ADDRESS	<b>600 TABATHA DR.</b>	
CITY-ST-ZIP	<b>OSTEEN FL 32764</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARBIN, BILL</b>	
STREET ADDRESS	<b>539 TABATHA DR</b>	
CITY-ST-ZIP	<b>OSTEEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FIUEK, RON</b>	
STREET ADDRESS	<b>698 WILD ACRES RD</b>	
CITY-ST-ZIP	<b>OSTEEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Cressy Cook</b>	
2.3 STREET ADDRESS	<b>549 TABATHA DR.</b>	
2.4 CITY-ST-ZIP	<b>OSTEEN, FL 32764</b>	
3.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HOLLOWAY, SHERRI</b>	
3.3 STREET ADDRESS	<b>671 TABATHA DR.</b>	
3.4 CITY-ST-ZIP	<b>OSTEEN FL 32764</b>	
4.1 TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>COOK BARRY</b>	
4.3 STREET ADDRESS	<b>549 TABATHA DR.</b>	
4.4 CITY-ST-ZIP	<b>OSTEEN, FL 32764</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Jim Gavin</b>	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Sherris Holloway* **SHERRI HOLLOWAY** DATE: **04-05-96** DAYTIME PHONE #: **4013218851**  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)