

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/29/1986	3a. Date of Last Report 05/01/1996	4. FEI Number 59-2910939	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 **BARRY COOK**
 82 Street Address (P.O. Box Number is Not Acceptable)
549 TABATHA DRIVE
 83
 84 City **OSTEEN** FL 85 Zip Code **32764**

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 Barry Cook (NOTE: Registered Agent signature required when reinstating) DATE Sept. 15, 1997

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, SHERRI	
STREET ADDRESS	671 TABATHA DR.	
CITY-ST-ZIP	OSTEEN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRESSY COOK	
STREET ADDRESS	549 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, SHERRI	
STREET ADDRESS	671 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COOK, BARRY	
STREET ADDRESS	549 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARBIN, BILL	
STREET ADDRESS	539 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIM GAVIN	
STREET ADDRESS	698 WILD ACRES RD	
CITY-ST-ZIP	OSTEEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARRY COOK	
1.3 STREET ADDRESS	549 Tabatha DR	
1.4 CITY-ST-ZIP	OSTEEN, FL 32764	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GLEN SISSON	
2.3 STREET ADDRESS	685 Tabatha DR	
2.4 CITY-ST-ZIP	OSTEEN, FL 32764	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARLES POITRAS	
3.3 STREET ADDRESS	755 Tabatha DR	
3.4 CITY-ST-ZIP	OSTEEN, FL 32764	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALTER WARD	
4.3 STREET ADDRESS	775 TABATHA DR	
4.4 CITY-ST-ZIP	OSTEEN, FL 32764	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GREG GALLOWAY	
6.3 STREET ADDRESS	600 Tabatha DR	
6.4 CITY-ST-ZIP	OSTEEN, FL 32764	

14. I do 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 [Signature] SIGNATURE REQUIRED [Signature] DATE 09/15/97 407 323 9259

CR2E037 (4/97)