

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 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 # N17586 (1)**  
1. Corporation Name  
**THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>500 TABATHA DRIVE OSTEEN FL 32764</b>	Mailing Address <b>500 TABATHA DRIVE OSTEEN FL 32764</b>
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3. Date Incorporated or Qualified  
**10/29/1986**

4. FEI Number <b>59-2910939</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**COOK, BARRY  
549 TABATHA DR  
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
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, BARRY</b>	1.2 NAME	
STREET ADDRESS	<b>549 TABATHA DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSTEEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISSON, GLEN</b>	2.2 NAME	
STREET ADDRESS	<b>685 TABATHA DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSTEEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POITRAS, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>755 TABATHA DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSTEEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, WALTER</b>	4.2 NAME	
STREET ADDRESS	<b>775 TABATHA DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSTEEN FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARBIN, BILL</b>	5.2 NAME	
STREET ADDRESS	<b>539 TABATHA DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSTEEN FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLOWAY, GREG</b>	6.2 NAME	
STREET ADDRESS	<b>600 TABATHA DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSTEEN FL</b>	6.4 CITY-ST-ZIP	

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: *LTS* *Glen Sisson / TRON* 2-16-98 407 321 9657

CFR2037 (10/97)