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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17586

1. Corporation Name
THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.

J03189 - 90107 - 33

Principal Place of Business
 500 TABATHA DRIVE
 OSTEEN FL 32764

Mailing Address
 500 TABATHA DRIVE
 OSTEEN FL 32764



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2910939	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COOK, BARRY 549 TABATHA DR OSTEEN FL 32764				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, BARRY	1.2 NAME	Patricia Gleason
STREET ADDRESS	549 TABATHA DR	1.3 STREET ADDRESS	795 Tabatha Dr
CITY-ST-ZIP	OSTEEN FL	1.4 CITY-ST-ZIP	Osteen FL 32764
TITLE	T	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SISSON, GLEN	2.2 NAME	Whit Whitaker
STREET ADDRESS	685 TABATHA DR	2.3 STREET ADDRESS	601 Tabatha Dr
CITY-ST-ZIP	OSTEEN FL	2.4 CITY-ST-ZIP	Osteen FL 32764
TITLE	DS	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POITRAS, CHARLES	3.2 NAME	Wayne Holloway
STREET ADDRESS	755 TABATHA DR	3.3 STREET ADDRESS	671 Tabatha Dr
CITY-ST-ZIP	OSTEEN FL	3.4 CITY-ST-ZIP	Osteen FL 32764
TITLE	VP	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, WALTER	4.2 NAME	Frank Velazquez
STREET ADDRESS	775 TABATHA DR	4.3 STREET ADDRESS	221 Holiday LN
CITY-ST-ZIP	OSTEEN FL	4.4 CITY-ST-ZIP	Winter Springs FL 32708
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARBIN, BILL	5.2 NAME	Illiana Sisson
STREET ADDRESS	539 TABATHA DR	5.3 STREET ADDRESS	685 Tabatha Dr
CITY-ST-ZIP	OSTEEN FL	5.4 CITY-ST-ZIP	Osteen FL 32764
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLOWAY, GREG	6.2 NAME	Paul Gleason
STREET ADDRESS	600 TABATHA DR	6.3 STREET ADDRESS	795 Tabatha Dr
CITY-ST-ZIP	OSTEEN FL	6.4 CITY-ST-ZIP	Osteen FL 32764

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: Patricia Gleason SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4/3/99 DAYTIME PHONE #: 407-328-6800

CR2E037-(4/1/98)