

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90088 018 ****61.25

DOCUMENT # N17586

1. Entity Name

THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

500 TABATHA DRIVE
 OSTEEN FL 32764

500 TABATHA DRIVE
 OSTEEN FL 32764

B0137833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, BARRY
 549 TABATHA DR
 OSTEEN FL 32764

Name Velasquez, Frank
 Street Address (P.O. Box Number is Not Acceptable)
720 Wild Acres
 City Osteen FL Zip Code 32764

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
 Signature, typed or printed name of registered agent and title if applicable.

FRANK VELAZQUEZ
 (NOTE: Registered Agent signature required when reinstating)

9/9/02
 DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOK, BARRY	
STREET ADDRESS	549 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GLEASON, PATRICIA	
STREET ADDRESS	795 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITAKER, WHILT	
STREET ADDRESS	601 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, FRANK	
STREET ADDRESS	720 WILD ACRES	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SISSON, ILLIANA	
STREET ADDRESS	685 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLEASON, PAUL	
STREET ADDRESS	795 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velasquez, Frank	
STREET ADDRESS	720 Wild Acres	
CITY-ST-ZIP	Osteen, FL 32764	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Ward	
STREET ADDRESS	775 Tabatha Dr	
CITY-ST-ZIP	Osteen, FL 32764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Galloway, Greg	
STREET ADDRESS	600 Tabatha Dr	
CITY-ST-ZIP	Osteen, FL 32764	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poitras, Charles	
STREET ADDRESS	755 Tabatha Dr	
CITY-ST-ZIP	Osteen FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanbin, William	
STREET ADDRESS	539 Tabatha Dr	
CITY-ST-ZIP	Osteen, FL 32764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stutts, Tom	
STREET ADDRESS	513 Tabatha Dr	
CITY-ST-ZIP	Osteen, FL 32764	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] FRANK VELAZQUEZ 9/9/02

CR2E037 (4/02)