

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

7/30/

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-30-2004 90011 015 ****61.25



DOCUMENT # N17586
1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2910939**

Applied For...
Not Applicable

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

6. Name and Address of Current Registered Agent
**WHITAKER, ROBERT
601 TABATHA DR.
OSTEEN FL 32764**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Robert Whitaker* **3-22-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITAKER, ROBERT	
STREET ADDRESS	601 TABATHA DR.	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STUTTS, TOM	
STREET ADDRESS	515 TABATHA DR.	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STUTTS, JOAN	
STREET ADDRESS	515 TABATHA DR.	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	S	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, MARILYN.	
STREET ADDRESS	720 WILD ACRES	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLOWAY, GREG	
STREET ADDRESS	600 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDIN, WILLIAM	
STREET ADDRESS	539 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert Whitaker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #