


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N17586 1. Entity Name THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.	
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Principal Place of Business 500 TABATHA DRIVE OSTEEN FL 32764	Mailing Address 500 TABATHA DRIVE OSTEEN FL 32764
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2910939	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State		
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

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	

U00000254558
03/07/05-80078-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #