

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2003 8:00 am
Secretary of State

05-30-2003 90081 011 ****61.25

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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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VELASQUEZ, FRANK
720 WILD ACRES
OSTEEN FL 32764**

7. Name and Address of New Registered Agent

Name **ROBERT W W WHITAKER**

Street Address (P.O. Box Number is Not Acceptable)

601 TABATHA DR

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

Robert W Whitaker

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
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P VELASQUEZ, FRANK 720 WILD ACRES OSTEEN FL 32764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, WALTER 775 TABATHA DR OSTEEN FL 32764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITAKER, WHILT 601 TABATHA DR OSTEEN FL 32764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELAZQUEZ, FRANK 720 WILD ACRES OSTEEN FL 32764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOWAY, GREG 600 TABATHA DR OSTEEN FL 32764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBIN, WILLIAM 539 TABATHA DR OSTEEN FL 32764	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT WHITAKER 601 TABATHA DR OSTEEN FL 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOM STUTTS SIS TABATHA DR OSTEEN FL 32764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOAN STUTTS SIS TABATHA DR OSTEEN FL 32764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARILYNN VELAZQUEZ 720 WILD ACRES OSTEEN FL 32764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREG GALLOWAY 600 TABATHA DR OSTEEN FL 32764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM HARBIN 539 TABATHA DR OSTEEN FL 32764	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** *Robert W Whitaker* 8-14-03 407-328-8665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)