## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N21723

(4)

COVE CAY VILLAGE III CONDOMINIUM ASSOCIATION, IN

Principal Place of Business Mailing Address			; indicien den stant irleit koden finne teili diktit debit debit dibit dibit (dibit fåbt		
1000 COVE	CAY DR	1000 COVE CAY DR			
UNIT 1F	77. 51. 51.52	UNIT 1F			
CLEARWATE US	:R FL 34620	CLEARWATER FL 34620 US		Date Incorporated or Qualified	3a. Date of Last Report
0.53	N(P			07/27/1987	05/30/1995
2. Principal F	Place of Business O Cove Cay Drive	2a. Mailing Address 1200 Cove	Cav Driv	e 59-2832432	Applied For
Suite, Apt.		Suite, Apt. #, etc.		9 2032432	Not Applicable
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	arwater, Florida	City & State Clearwater	, Florid	a 6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be Added to Fees
Zip	Country	Ζρ	Country	8. This corporation has liability for in	· · · · · · · · · · · · · · · · · · ·
24 346	1201		o US	Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
DAMAG	DAL DAL	vis, Ralph			
82 Street Address				Address (P.O. Box Number is Not Acceptable	e)
UNIT 1F				O Cove Cay Drive	
] = = =	VATER FL 34620		65		
OLLAIN	TAILR FL 34020		84 Ct	arwater	FL 85 Zip Code 34620
11. Pursuant to the provisions of Section 617.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered offic 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 obligation of Section 617.0503, Florida Statutes.					
or registe familiar w	red agent, or bott in the State of Florida ith, and accept the obligations of, Sectio	a. Such change was authorized t in 617.0603. Florida Statutes	by the corporation's	board of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE	LAHAY.	7/2 Rulo	h Davis	President	March 4, 1996
		nd title if applicable. (NOTF-F	legistered Agent signature r		DATE.
12. TITLE	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
NAME	DAVIS, RALPH	DELETE	1.1 TITLE		
STREET ADDRESS	1000 COVE CAY DR UNIT 1F		1.2 NAME		
CITY-ST-ZIP	CLEARWATER FL		1 3 STREET ADDRESS	1200 Cove Cay Drive	e
TITLE	DVP	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Clearwater, Florida	
NAME	BROUWER, KENNETH	Прессет	2.2 NAME		Change
STREET ADDRESS	1000 COVE CAY DR UNIT 1F		2 3 STREET ADDRESS	1200 Cove Cay Drive	_
CITY-ST-ZIP	CLEARWATER FL		2 4 CHY-ST-ZIP	Clearwater, Florida	
TITLE	DST	<b>▼</b> DELETE	3 1 TITLE	DST	X Change Addition
NAME	BLAESER, JOHN		3.2 NAME	Orr, Ann	ECH average T vegrerous
STREET ADDRESS	1000 COVE CAY DR UNIT 1F		3 3 STREET ADDRESS	1200 Cove Cay Drive	ا د
CITY-ST-ZIP	CLEARWATER FL		3 4. CITY-ST-ZIP	Clearwater, Florida	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		E Druett	5.4 CITY - S1 - ZIP		
NAME		DELETE	6.1 TITLE		Change Addition
			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this appurer 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 made of or an attachment with an address.

n address.

NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

CITY-ST-ZIP

813 535-0773

CR2E037 (12/95)