

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21724 (2)

1. Corporation Name

COVE CAY VILLAGE III RECREATION ASSOCIATION, INC



Principal Place of Business

1000 COVE CAY DRIVE
UNIT 1-F
CLEARWATER FL 32620
US

Mailing Address

1000 COVE CAY DRIVE
UNIT 1-F
CLEARWATER FL 34620
US

3. Date Incorporated or Qualified
07/27/1987

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

21 1200 Cove Cay Drive

2a. Mailing Address

26 1200 Cove Cay Drive

4. FEI Number

59-2832460

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Clearwater

City & State

28 Clearwater

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 34620

Country

25 US

Zip

29 34620

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, RALPH
1000 COVE CAY DRIVE UNIT 1-F
UNIT 1F
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

Davis, Ralph

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

1200 Cove Cay Drive

83

84 City

Clearwater

FL

85 Zip Code

34620

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

Ralph Davis, P.D

(NOTE: Registered Agent signature required when reinstating)

DATE

March 4, 1996

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIS, RALPH
STREET ADDRESS 1000 COVE CAY DRIVE UNIT 1-F
CITY-ST-ZIP CLEARWATER FL

TITLE VPD ☐ DELETE

NAME BROUWER, KENNETH
STREET ADDRESS 1000 COVE CAY DRIVE UNIT 1-F
CITY-ST-ZIP CLEARWATER FL

TITLE STD ☒ DELETE

NAME BLAESER, JOHN
STREET ADDRESS 1000 COVE CAY DRIVE UNIT 1-F
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

1200 Cove Cay Drive
Clearwater, Florida 34620

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

1200 Cove Cay Drive
Clearwater, Florida 34620

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

STD
Orr, Ann
1200 Cove Cay Drive
Clearwater, Florida 34620

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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 annual 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 813 535-0723
Date Daytime Phone #

CR2E037 (12/95)