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Mar 13 1997 8:00am
Secretary of State

NON-PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000000497 (7)

1. Corporation Name
PLEASANT COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1675 OCEANA DRIVE 1675 OCEANA DRIVE
MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-5935

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report
21. State, Apt. #, etc. 26. Suite, Apt. #, etc. 01/24/1994 03/20/1996
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
59-2393945
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENFIELD, HARRY C
775 E. MERRITT ISLAND CSWY
#310
MERRITT ISLAND FL 32952

81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
FL

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 (Print name of person who is registered agent and is familiar with the provisions of Sections 617.0502 and 617.1508, Florida Statutes, and accept the obligations of, Section 617.0503, Florida Statutes.) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3.2 NAME
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5.1 TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j) 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: Mary Ann McClure
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

CR2E037 (9/96)