

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90186 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000497
 1. Corporation Name
PLEASANT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1675 OCEANA DRIVE #3 MERRITT ISLAND FL 32952	Mailing Address 1675 OCEANA DRIVE #3 MERRITT ISLAND FL 32952
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/24/1994	4. FEI Number 59-2393945	Applied For Not Applicable
9. Name and Address of Current Registered Agent GREENFIELD, HARRY C 775 E. MERRITT ISLAND CSWY #310 MERRITT ISLAND FL 32952		10. Name and Address of New Registered Agent 81 Name: Timothy Pickles, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) PO Box 1110 83 1970 McLaughan Ave Bldg C-7-722 84 City: COCOA FL 85 Zip: 32923		

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]* DATE: 4/28/98

Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
TITLE: P	PRALL, ROGER L 1675 OCEANA DR #12 MERRITT ISLAND FL 32452	1.1 TITLE	
TITLE: VP	KNESTRICK, RUTH 1675 OCEANA DR #6 MERRITT ISLAND FL	2.1 TITLE	VP
TITLE: ST	MCCLURE, MARY ANN 1675 OCEANA DR #3 MERRITT ISLAND FL	2.2 NAME	JOAN HORTON
TITLE: D	WALLACE, MARY 1675 OCEANA DR #9 MERRITT ISLAND FL	2.3 STREET ADDRESS	1675 OCEANA DR #18
TITLE: D	ZUBEY, STELLA 1675 OCEANA DR #8 MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Merritt Isl. FLA 32952
TITLE:		3.1 TITLE	
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
TITLE:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	D
TITLE:		4.2 NAME	Tom Bishop
TITLE:		4.3 STREET ADDRESS	1675 OCEANA DR #5
TITLE:		4.4 CITY-ST-ZIP	Merritt Isl. FLA 32952
TITLE:		5.1 TITLE	
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/20/99 407-452-8154

CR02E037 (1/198)