


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005309**
1. Corporation Name

KELLY COVE OWNERS ASSOCIATION, INC.

Principal Place of Business 411 Kelly Cove LN Jacksonville, FL 32225	Mailing Address 411 Kelly Cove LN Jacksonville, FL 32225
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3. Date Incorporated or Qualified 11/07/1995	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3361532	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

**RAY CHAREST
435 Kelly Cove LN
Jacksonville, FL 32225**

10. Name and Address of New Registered Agent

81 Name LAWRENCE R. EGGERING, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable) 411 KELLY COVE LN
83
84 City JACKSONVILLE
85 Zip Code FL 32225

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 *Lawrence R. Eggering* **Lawrence R. Eggering, President** **25 Jul 97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Lawrence R. Eggering
STREET ADDRESS		1.3 STREET ADDRESS	411 Kelly Cove LN
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Paul Yarger
STREET ADDRESS		2.3 STREET ADDRESS	450 Kelly Cove LN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Anthony Johnson
STREET ADDRESS		3.3 STREET ADDRESS	443 Kelly Cove LN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 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: *Lawrence R. Eggering* **Lawrence R. Eggering, President** **904 221 7866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)