

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 032 ****61.25

DOCUMENT # N95000005309

Corporation Name

KELLY COVE OWNERS ASSOCIATION, INC.

Principal Place of Business

1 KELLY COVE LANE
JACKSONVILLE FL 32225

Mailing Address

411 KELLY COVE LANE
JACKSONVILLE FL 32225



* 6 1 3 8 9 4 - 9 0 0 0 4 - 3 2 4 *



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3361532	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30		

9. Name and Address of Current Registered Agent

EGGERING, LAWRENCE R
411 KELLY COVE LANE
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

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

I, 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.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	DP	<input type="checkbox"/> DELETE
ME	EGGERING, LAWRENCE R	
REET ADDRESS	411 KELLY COVE LN	
Y-ST-ZIP	JACKSONVILLE FL 32225	
LE	DT	<input type="checkbox"/> DELETE
ME	YARGER, PAUL	
REET ADDRESS	450 KELLY COVE LN	
Y-ST-ZIP	JACKSONVILLE FL 32225	
LE	DVS	<input type="checkbox"/> DELETE
ME	JOHNSON, ANTHONY	
REET ADDRESS	443 KELLY COVE LN	
Y-ST-ZIP	JACKSONVILLE FL 32225	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I, I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/99

904 725-2193

CR2E037 (5/99)