SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:32

DOCUMENT # **P94000090819 (1)**

1. Corporation Name

COVE ROAD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ROGERS, BOWERS, DEMPSEY ET AL 505 S FLAGLER DRIVE SUITE 1330 WEST PALM BEACH FL 33401	C/O ROGERS, BOWERS, DEMPSEY ET AL 505 S FLAGLER DRIVE SUITE 1330 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1994 — 3a. Date of Last Report:

4. FEI Number: 65-0559075 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21: 331 Toney Pena DR	26: PO Box 9
22 Suite, Apt. #, etc.: Jupiter, FL	27 Suite, Apt. #, etc.: 331 Toney Pena DR
23 City & State:	28 City & State: Jupiter FL.
24 Zip: 33468 — 25 Country: Palm Bch.	29 Zip: 33468 — 30 Country: Palm Beach.

9. Name and Address of Current Registered Agent

WENMAN, JUANITA I
C/O ROGERS, BOWERS, DEMPSEY ET AL
505 S FLAGLER DRIVE SUITE 1330
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: JON L. OSWALD
82 Street Address (P.O. Box Number is Not Acceptable): 331 Toney Pena DR PO Box 9169
83
84 City: Jupiter — **FL** — 85 Zip Code: 33468

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: JON L. OSWALD — 6/12/95
Signature, typed or printed name of registered agent and title if applicable — (Written authorization/signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PSTD	11 TITLE	P S T P	[X] Change [ ] Addition
NAME	WENMAN, JUANITA I	12 NAME	JON L. OSWALD	
STREET ADDRESS	505 S FLAGLER DR STE 1330	13 STREET ADDRESS	331 Toney Pena DR PO Box 9169	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	Jupiter, FL 33468	
TITLE		21 TITLE		[ ] Change [ ] Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		[ ] Change [ ] Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JON L. OSWALD — President — 6/12/95 — 407 747 0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002044 CP