

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N31381 (9)
1. Corporation Name
OAK COVE, INC.



Principal Place of Business: 420 BAY AVENUE CLEARWATER FL 34616
Mailing Address: 420 BAY AVENUE CLEARWATER FL 34616

3. Date Incorporated or Qualified: 03/27/1989
4. FEI Number: 59-3016707
Applied For: Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, and Zip/Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RAYMOND, J. PAUL
400 CLEVELAND STREET
SUITE 000
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name: GERARD A. MCHALE, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1601 JACKSON STREET
83 SUITE 200
84 City: FORT MYERS, FL 85 Zip Code: 33901

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: *Gerard A. McHale, Jr.* DATE: 4/18/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CATES, RONALD K	
STREET ADDRESS	420 BAY AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARR, JAMES D	
STREET ADDRESS	420 BAY AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIVES, LORI	
STREET ADDRESS	420 BAY AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERARD A. MCHALE, JR.	
1.3 STREET ADDRESS	1601 JACKSON STREET #200	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33901	
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	DIRECTOR / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES GIBSON	
3.3 STREET ADDRESS	1150 EIGHTH AVE S.W.	
3.4 CITY-ST-ZIP	LARGO, FL. 33770	
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	DIRECTOR / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARLES SPARKS	
5.3 STREET ADDRESS	11381 PROSPERITY FARMS ROAD	
5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: *Gerard A. McHale, Jr.* DATE: 4/18/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)