

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732187

1. Entity Name

COVE CAY VILLAGE I ASSOICATION, INC.

Principal Place of Business

Mailing Address

2619 COVE CAY DRIVE
CLEARWATER FL 34620

2619 COVE CAY DRIVE
CLEARWATER FL 33760-1303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2512295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEPUGH, RV
2164 15TH CIR
ST PETERBURG FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCORAN, JOAN 2618 COVE CAY DR #804 CLEARWATER FL 33760	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHLING, BILL 2618 COVE CAY DR #401 CLEARWATER FL 33760	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGHAM, FRED 2614 COVE CAY DR#1 CLEARWATER FL 33760	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Penzik, Ronald 2617 Cove Cay Dr #410 Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dye, Jerry 2617 Cove Cay Dr #407 Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mullane, James 2615 Cove Cay Dr #107 Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hendrix, Betty 2617 Cove Cay Dr. #504 Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jensen, Vicky 2617 Cove Cay Dr. #509 Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 (727) 524-9081