2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 08:00 AM
Secretary of State

DOCUMENT # 732187

1. Entity Name
COVE CAY VILLAGE I ASSOICATION, INC.

Principal Place of Business	Mailing Address
2619 COVE CAY DRIVE	2619 COVE CAY DRIVE
CLEARWATER FL 34620	CLEARWATER FL 34620

2. Principal Place of Business	3. Mailing Address
2753 S. R. 580	2753 S.R. 580
Suite, Apt. #, etc. 207	Suite, Apt. #, etc.
City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33761 Country	Zip 33761 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2512295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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
REARDON MAUREEN
Street Address (P.O. Box Number is Not Acceptable)
2753 S.R. 580
207
City CLEARWATER **FL** Zip Code 33761

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 MAUREEN REARDON 03/21/2001
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCALL SINTA 2618 COVE CAY DR #803 CLEARWATER FL 33760	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG JOHN 2616 COVE CAY DR #107 CLEARWATER FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENDRIX BETTY 2617 COVE CAY DR #504 CLEARWATER FL 33760	☐ Change ☒ Addition
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	TD JENSEN VICKY 2614 COVE CAY DR #509 CLEARWATER FL 33760	☒ Change ☐ Addition
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	VD MAYS DICK 2618 COVE CAY DR #801 CLEARWATER FL 33760	☒ Change ☐ Addition
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	PD PENZIK RONALD 2617 COVE CAY DR #410 CLEARWATER FL 33760	☒ Change ☐ Addition

CR2E037 (11/00)

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: RONALD PENZIK PD 03/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D CHAMBERS, BOB
2616 COVE CAY DR #1003

CLEARWATER FL 33760