2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90116 006 ****61.25

DOCUMENT # 732187

1. Entity Name

COVE CAY VILLAGE I ASSOICATION, INC. ✓

Principal Place of Business	Mailing Address
2753 S. R. 580 207 CLEARWATER FL 33761	2753 S.R. 580 CLEARWATER FL 33761

18761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2619 Cove Cay DC.	2619 Cove Cay Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33760 Country: Pinellas	Zip: 33760 Country: Pinellas

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	7. Name and Address of New Registered Agent
REARDON, MAUREEN 2753 S.R. 580 207 CLEARWATER FL 33761	Name: Gerald T Panagoss. Street Address (P.O. Box Number is Not Acceptable): 2619 Cove Cay Dr City: Clearwater FL Zip Code: 33760

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 Gerald T Panagoss. Gerald T Panagoss 3/18/02
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	PD PENZIK, RONALD 2617 COVE CAY DR #410 CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barry Lathrop 2618 Cove Cay Dr # 906 Clearwater FL 33760	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAYS, DICK 2618 COVE CAY DR #801 CLEARWATER FL 33760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Betty Hendrix 2617 Cove Cay Dr #504 Clearwater, FL 33760	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JENSEN, VICKY 2614 COVE CAY DR #509 CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Vicky Jensen 2617 Cove Cay Dr #509 Clearwater FL 33760	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, JOHN 2616 COVE CAY DR #107 CLEARWATER FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burt Goldman 2618 Cove Cay Dr # 207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCALL, SINTA 2618 COVE CAY DR #803 CLEARWATER FL 33760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeffrey Clark 2616 Cove Cay Dr #802 Clearwater, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENDRIX, BETTY 2617 COVE CAY DR #504 CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jerry Dye 2617 Cove Cay Dr #407 Clearwater FL 33760	☒ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 3-19-02 727-535-5403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #