2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 AM
Secretary of State

DOCUMENT# 753385

Entity Name: THE COVE AT LAKE MIRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1804
GOLDENROD, FL 32733

New Principal Place of Business:

Current Mailing Address:

P O BOX 1804
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-2105976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY HALPERN
3972 LAKE MIRA DR.
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HALPERN, RAY	
Address:	3972 LAKE MIRA DR	
City-St-Zip:	ORLANDO, FL 32817	
Title:	D	( ) Delete
Name:	DEHLER, DORIS	
Address:	3966 LAKE MIRA DR	
City-St-Zip:	ORLANDO, FL 32817	
Title:	DP	( ) Delete
Name:	DAVID SAN FILIPPO,	
Address:	3939 LAKE MIRE CIR.	
City-St-Zip:	ORLANDO, FL 32817	
Title:	DT	( ) Delete
Name:	KOURI, NORM	
Address:	3965 LAKE MIRE DR.	
City-St-Zip:	ORLANDO, FL 32017	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY HALPERN D 01/15/2002

Electronic Signature of Signing Officer or Director — Date