

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90068 020 \*\*\*\*61.25

**DOCUMENT # N01296**

1. Entity Name

**C.A.V. HOMEOWNERS COOPERATIVE, INC.**

Principal Place of Business

Mailing Address

**39333 BLUE SKYE DRIVE  
ZEPHYRHILLS FL 33540****39333 BLUE SKYE DRIVE  
ZEPHYRHILLS FL 33540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2515418**

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

**MANVILLE, IRVING  
39231 RECESS DRIVE  
ZEPHYRHILLS FL 33540**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MANVILLE, IRVING**  
STREET ADDRESS **39231 RECESS DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **CROSBY, RONALD**  
STREET ADDRESS **39248 MAHER RD**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☒ Delete  
NAME **VAN WIEREN, DONNA**  
STREET ADDRESS **6327 WEALTHY LN**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE **S** ☒ Change ☐ Addition  
NAME **JOHNSTONE, LEELAND E.**  
STREET ADDRESS **6231 BALMY LN.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL. 33540**TITLE **T** ☐ Delete  
NAME **NAGEL, THENA**  
STREET ADDRESS **6340 BALMY LN**  
CITY-ST-ZIP **ZEPHYRHILLS FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **WATSON, PERCY**  
STREET ADDRESS **39331 RECESS DR.**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE **D** ☒ Change ☐ Addition  
NAME **BUIRLEY, EVELYN**  
STREET ADDRESS **6235 PLEASURE LN.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL. 33540**TITLE **D** ☒ Delete  
NAME **DAUGHERTY, ROLLAND**  
STREET ADDRESS **39301 HOMECREST DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE **D** ☒ Change ☐ Addition  
NAME **STREETER, NELSON**  
STREET ADDRESS **6239 PARKSEND LN.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL. 33540**

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: *IRVING E. MANVILLE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-20-02 813-782-8270**

CR2E037 (9/01)