

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02843

1. Entity Name

COVE CAY COMMUNITY ASSOCIATION, INC.

FILED

Jan 22, 2002 8:00 am  
Secretary of State

01-22-2002 90010 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3500 COVE CAY DRIVE  
CLEARWATER FL 33760

3500 COVE CAY DRIVE  
CLEARWATER FL 33760  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2512284

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COVE CAY COMMUNITY ASSOC., INC.  
3500 COVE CAY DRIVE  
CLEARWATER FL 33760

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 PD ☐ Delete  
NAME GENE, RALSTON  
STREET ADDRESS 2900 COVE CAY DR., 6E  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME PARIS, ALLISON  
STREET ADDRESS 2621 COVE CAY DRIVE 509  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME HAUER, YOLANDA  
STREET ADDRESS 3300 COVE CAY DR, #5-F  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DAVIS, RALPH  
STREET ADDRESS 800 COVE CAY DRIVE #1C  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PENZIK, RONALD  
STREET ADDRESS 2617 COVE CAY DR., 410  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CAHILL, ELEANOR  
STREET ADDRESS 2629 COVE CAY DR., 607  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

1-10-02 727-535-5403

CR2E037 (9/01)