2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90716 040 ****61.25

DOCUMENT # N08201

1. Entity Name

TYLER'S COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
554 THAMES CIRCLE P.O. BOX 948 LONGWOOD FL 32750-2739	554 THAMES CIRCLE P.O. BOX 948 LONGWOOD FL 32750-2739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
546 Thames Circle Suite, Apt. #, etc.	Tylers Cove Homeowners Suite, Apt. #, etc. P.O. Box 948
City & State: Longwood fl	City & State: Longwood, FL
Zip: 32750 Country: USA	Zip: 32750 Country: USA

4. FEI Number: 59-2684924 ☐ 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
MCKEOGH, MIKE 540 THAMES CIRCLE LONGWOOD FL 37750	Name: Chris MARTIN Street Address (P.O. Box Number is Not Acceptable): 540 Thames Circle City: Longwood FL FL Zip Code: 32750

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 DRURY, MARK 535 THAMES CIRCLE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Evelyn DUNmeyer 560 Thames Circle Longwood, FL 32750 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEILMAN, ROBERT 556 THAMES CIRCLE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCKEOGH, MIKE 540 THAMES CIRCLE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VAN HOOVEN, CRAIG 546 THAMES CIRCLE LONGWOOD FL 32-750 +	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTIN, CHRIS 54 THAMES CIRCLE LONGWOOD FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Evelyn	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 2/08/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #