

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-31-2001 90296 045 ****61.25

DOCUMENT # N20340

1. Entity Name

FINN'S COVE HOMEOWNERS ASSOCIATION, INC.

62343



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O EPMS 165 W STATE RD 434 WINTER SPRINGS FL 32708 US	Mailing Address C/O EPMS P.O. BOX 950455 LAKE MARY FL 32795-0455 US
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2. Principal Place of Business 210 Penn First Management, Inc. Suite, Apt. #, etc. 453 Mark Twain Blvd City & State Orlando, FL Zip 32828 Country USA	3. Mailing Address C/O Penn First Management, Inc. Suite, Apt. #, etc. 453 Mark Twain Blvd City & State Orlando, FL Zip 32828 Country USA
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4. FEI Number 59-2912229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EPM SERVICES, INC. 165 W. SR 434 WINTER SPRINGS FL 32708	7. Name and Address of New Registered Agent Name Penn First Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 453 Mark Twain Blvd City Orlando FL Zip Code 32828
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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: *Lawrence M. Sheeker* Lawrence M. Sheeker President 1/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NICHOLS, PAT 764 RIVER BOAR CIRCLE ORLANDO FL 32828 <input checked="" type="checkbox"/> Delete	TITLE PD	QUINLAN, PATRICK 12509 HYANNIS COURT ORLANDO FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	PARZYCH, MAIDEEN 756 RIVER BOAT CIRCLE ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE VPD	PARZYCH, MAIDEEN 756 RIVER BOAT CIRCLE ORLANDO, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DST	ROMANO, JANET 821 RIVER BOAT CIRCLE ORLANDO FL 32828 <input checked="" type="checkbox"/> Delete	TITLE SD	NICHOLS, PAT 764 RIVER BOAT CIRCLE ORLANDO, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE TD	KRASNICKI, DANIEL 724 RIVER BOAT CIRCLE ORLANDO, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *DANIEL KRASNICKI* **DATE REQUIRED** 1-25-01 407-299-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)