

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90135 004 \*\*\*\*61.25

**DOCUMENT # N32504**

1. Entity Name

**EAGLE COVE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

251 WINDWARD PASSAGE.. STE F  
 CLEARWATER FL 33767  
 US

Mailing Address

251 WINDWARD PASSAGE.. STE F  
 CLEARWATER FL 33767  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2949570**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JIM NOBLES MANAGEMENT, INC.**  
**251 WINDWARD PASSAGE., STE F**  
**CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

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

TITLE **PD**  Delete  
 NAME **HUBBARD, JOAN**  
 STREET ADDRESS **4033 EAGLE COVE WEST**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **VD**  Delete  
 NAME **MOLINARI, LORI**  
 STREET ADDRESS **3994 EAGLE COVE EAST**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **SD**  Delete  
 NAME **SCALZO, ROSEMARY**  
 STREET ADDRESS **4034 JENITA DR**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **TD**  Delete  
 NAME **SCHWARTZ, GAIL**  
 STREET ADDRESS **4650 EAGLE COVE EAST DR.**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D**  Delete  
 NAME **WHITE, ED**  
 STREET ADDRESS **4037 EAGLE COVE EAST DR**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Change  Addition  
 NAME **TANNENBAUM, DEBRAH**  
 STREET ADDRESS **4022 EAGLE COVE E.**  
 CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **TD**  Change  Addition  
 NAME **BURNET, JANE**  
 STREET ADDRESS **3937 JENITA DR.**  
 CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **D**  Change  Addition  
 NAME **CORMACK, GARY**  
 STREET ADDRESS **3935 EAGLE COVE W.**  
 CITY-ST-ZIP **PALM HARBOR, FL 34685**

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:

*Joan Hubbard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)