

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90248 035 ****61.25

DOCUMENT # *N 32504*
1. Entity Name
EAGLE COVE COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

COA _____ Amt _____
Pay date *4-21-03*
Approved: *[Signature]*

11017366

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
First Choice Assoc. Mgmt
Suite, Apt. #, etc.

3. Mailing Address
4174 Woodlands Pkwy
Suite, Apt. #, etc.

City & State
Palm Harbor, FL 34685

City & State

Zip **34685** Country **U.S.**

4. FEI Number
59-2949570

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	Chairman Billy Howington 4886 Eagle Cove Blvd. S. Palm Harbor, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Glenn Tannebaum 4022 Eagle Cove. E. Palm Harbor, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Robin Wise 4019 Eagle Cove West Dr. Palm Harbor, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Gail Schwartz 4050 Eagle Cove East Dr. Palm Harbor, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Matt Derderian 4023 Eagle Cove East Dr. Palm Harbor, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Colleen Tannebaum** *4/15/03*

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

DOCUMENT # 1432504
1. Entity Name

EAGLE COVE COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

11 0173166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
First Choice Assoc. Mgmt 4174 Woodlands Pkwy

3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Palm Harbor, FL 34685

City & State

4. FEI Number

Applied For
Not Applicable

Zip Country
34685 U.S.

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

FEE IS \$61.25
Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Bully Howington	4886 Eagle Cove Blvd. S.	Palm Harbor, FL 34685				
	VP Glenn Tannebaum	4022 Eagle Cove. E.	Palm Harbor, FL 34685				
	Treas Robin Wise	4019 Eagle Cove West Dr.	Palm Harbor, FL 34685				
	Sec Gail Schwartz	4050 Eagle Cove East Dr.	Palm Harbor, FL 34685				
	Matt Derderian	4023 Eagle Cove East Dr.	Palm Harbor, FL 34685				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenn Tannebaum

11/5/03