

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90016 049 \*\*\*\*61.25

DOCUMENT # **N37774**

1. Entity Name

**QUEEN'S COVE HOMEOWNERS ASSOCIATION, INC.**

(R)



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2542 MAJESTY LOOP WINTER HAVEN FL 33880 US	Mailing Address 3542 MAJESTY LOOP WINTER HAVEN FL 33880-5059 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number <b>59-3110178</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>JADOGZINSKI, CHESTER 3515 MAJESTY LOOP WINTER HAVEN FL 33880</b>	7. Name and Address of New Registered Agent Name <b>Dee Manza</b> Street Address (P.O. Box Number is Not Acceptable) <b>3514 Majesty Loop</b> City <b>Winter Haven</b> FL Zip Code <b>33880</b>
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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 *Dee Manza* **Dee Manza, President** 6-12-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CUBERT, DANIEL 3409 COVE CT W. WINTER HAVEN FL 33880</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SEAL, STEPHANIE 3718 IMPERIAL DR WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, TIM 3307 QUEENS COVE LOOP WINTER HAVEN FL 33880</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESIDENT MANZA, DEE 3514 MAJESTY LOOP WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VICE PRESIDENT MURAY, JOLEE 3501 MAJESTY LOOP WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEINER, IAN 3303 QUEENS COVE LOOP WINTER HAVEN FL 33880</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEPHANIE CHEWNING</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR SHIRLEY ALLREDGE 3534 MAJESTY LOOP WINTER HAVEN FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR RUSSELL MCKINNEY 3617 QUEENS COVE BLVD WINTER HAVEN FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR ALVIN RAMKHALAWAN 3727 IMPERIAL DR WINTER HAVEN FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 information.

SIGNATURE: *Stephanie Chewning* 6/12/00 (863) 318-2562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR12037 (9/99)