

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90101 041 ****61.25

DOCUMENT # **N37397**

1. Entity Name **Cove Pointe Homeowners Association, Inc.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

Cove Pointe Dr

3. Mailing Address

1937 Cove Pointe Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-0184923

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

34293

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAECK, William C.
1937 Cove Pointe Dr
Venice, FL 34293

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	VPD	<input type="checkbox"/> Delete
NAME	Doidge, Edward F	
STREET ADDRESS	1921 Tradewinds Circle	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	DST	<input type="checkbox"/> Delete
NAME	Jaack, William C.	
STREET ADDRESS	1937 Cove Pointe Dr	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Katterman, Donald C.	
STREET ADDRESS	1932 Cove Pointe Dr	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kreimer, Anthony	
STREET ADDRESS	1933 Tradewinds Circle	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	McMahon, Paul M.	
STREET ADDRESS	1925 Tradewinds Circle	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William C. Jaack **William C. Jaack** **5/13/00** **941-492-9147**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)