

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000002592

FILED
May 01, 2003
Secretary of State

Entity Name: CRYSTAL COVE HOMEOWNERS ASSOCIATION OF HILLSBOROUGH, INC.

Current Principal Place of Business:

17803 CRYSTAL COVE PLACE
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 692
LUTZ, FL 335480692

New Mailing Address:

FEI Number: 59-3394433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, RANDY
17803 CRYSTAL COVE PLACE
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: DEVORE, JAMES A JR
Address: 17718 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548 US

Title: DV () Delete
Name: MALPHUS, WILBERT
Address: 17705 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548 US

Title: DS () Delete
Name: OTTINGER-LUPUS, JOHN
Address: 17704 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548 US

Title: D (X) Delete
Name: MICHAEL, MCINTOSH
Address: 17807 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548 US

Title: DP () Delete
Name: WRIGHT, RANDY
Address: 17803 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A DEVORE JR

DT

05/01/2003

Electronic Signature of Signing Officer or Director

Date