

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90619 036 ****61.25

DOCUMENT # 708412

1. Entity Name

HARBOR COVE CIVIC ASSOCIATION, INC.

Principal Place of Business

499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT FL 34287

Mailing Address

499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT FL 34287

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0156330

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent -

SCHNEIDER, RICHARD A
715 RIVERVIEW CIRCLE
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name

MARGARET A. CROWELL

Street Address (P.O. Box Number is Not Acceptable)

544 FLEETWOOD ST

City

NORTH PORT

FL

Zip Code

34287

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

Margaret A. Crowell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-28-01

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 **SCHNEIDER, RICHARD A**
STREET ADDRESS **715 RIVERVIEW CIRCLE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VPD** ☐ Delete
NAME **ADAMS, ELIZABETH**
STREET ADDRESS **534 PARKWOOD AVENUE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **SD** ☐ Delete
NAME **ZELLERS, MARY**
STREET ADDRESS **711 FAIRMONT DR**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **TD** ☒ Delete
NAME **MEDEIROS, JEANETTE**
STREET ADDRESS **220 BLACKBURN BLVD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VPD** ☐ Delete
NAME **CROWELL, MARGARET**
STREET ADDRESS **544 FLEETWOOD STREET**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MARGARET A. CROWELL**
STREET ADDRESS **544 FLEETWOOD ST**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **VICE PRES.** ☐ Change ☐ Addition
NAME **ADAMS, ELIZABETH**
STREET ADDRESS **534 PARKWOOD AVE**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **SECRETARY** ☐ Change ☐ Addition
NAME **ZOLLERS, MARY**
STREET ADDRESS **711 FAIRMONT DR**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **TREASURER** ☒ Change ☒ Addition
NAME **SLAWIAK, CAROLYN**
STREET ADDRESS **609 FAIRMONT DR**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VPD** ☒ Change ☒ Addition
NAME **OLDHAM, SUSAN**
STREET ADDRESS **367 TRAILORAMA DR**
CITY-ST-ZIP **NORTH PORT FL 34287**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date

941-426-2805

Daytime Phone #

CR2E037 (10/00)