

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752071

1. Entity Name

COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90215 008 ****61.25

Principal Place of Business

3500 COVE CAY DRIVE
CLEARWATER FL 33760
US

Mailing Address

3500 COVE CAY DR
CLEARWATER FL 33760-1202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1988406

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

7. Name and Address of New Registered Agent

MEZER, STEVEN H PA
1212 CT ST
STE B
CLEARWATER FL 34616

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	PD	<input type="checkbox"/> Delete
NAME	RALSTON, EUGENE	
STREET ADDRESS	2900 COVE CAY DRIVE, 6E	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, PHILIP	
STREET ADDRESS	2700 COVE CAY DR., 4A	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FAZOLI, CAESAR	
STREET ADDRESS	2900 COVE CAY DR 2A	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, ROBERT	
STREET ADDRESS	2800 COVE CAY DR 7E	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDGAR	
STREET ADDRESS	3200 COVE CAY DR 3E	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPANSKY, EDWARD G	
STREET ADDRESS	2800 COVE CAY DR 5B	
CITY-ST-ZIP	CLEARWATER FL 33760	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUER, YOLANDA	
STREET ADDRESS	3300 COVE CAY DRIVE, 5F	
CITY-ST-ZIP	CLEARWATER, FL 33760	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: EUGENE C. RALSTON 3/9/00 727-535-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)