

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90792 034 \*\*\*\*61.25

**DOCUMENT # 752071**

1. Entity Name

**COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

3500 COVE CAY DRIVE  
 CLEARWATER FL 33760  
 US

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



DO NOT WRITE IN THIS SPACE

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**  
**FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD RALSTON, EUGENE**  
 STREET ADDRESS **2900 COVE CAY DRIVE, 6E**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE  Change  Addition  
 NAME **D HAUER, YOLANDA**  
 STREET ADDRESS **3300 COVE CAY DRIVE, 5F**  
 CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE  Delete  
 NAME **D REILLY, PHILIP**  
 STREET ADDRESS **2700 COVE CAY DR., 4A**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD FAZIOLI, CAESAR**  
 STREET ADDRESS **2900 COVE CAY DR 2A**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD BALDWIN, ROBERT**  
 STREET ADDRESS **2800 COVE CAY DR 7E**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD WILLIAMS, EDGAR**  
 STREET ADDRESS **3200 COVE CAY DR 3E**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D STEPANSKY, EDWARD G**  
 STREET ADDRESS **2800 COVE CAY DR 5B**  
 CITY-ST-ZIP **CLEARWATER FL 33760**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EUGENE C. RALSTON**

Date

Daytime Phone #

CR2E037 (9/99)