

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0080547

DOCUMENT # 752071

1. Entity Name

COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC

04-01-2002 90603 009 ****61.25

Principal Place of Business

**3500 COVE CAY DRIVE
 CLEARWATER FL 33760
 US**

Mailing Address

**3500 COVE CAY DR
 CLEARWATER FL 33760
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **TD** Change Addition
 NAME **ANDERSON, Donald C.**
 STREET ADDRESS **3200 COVE CAY DR.**
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **HAUER, YOLANDA**
 STREET ADDRESS **3300 COVE CAY DR 5F**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **SD** 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:

Eugene C. Ralston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EUGENE C RALSTON** 3/27/02 787-525-5403
 Date Daytime Phone #

CR2E037 (9/01)