

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

DOCUMENT # 752071

1. Entity Name

COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC



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

Zip

Country

Zip

Country

4. FEI Number **59-1988406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Gerald T Paragrossi, LCSM**
Street Address (P.O. Box Number is Not Acceptable)
3500 Cove Cay Drive
City **Clearwater** FL Zip Code **33760**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD RALSTON, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS	2900 COVE CAY DRIVE, 6E	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME	D REILLY, PHILIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2700 COVE CAY DR., 4A	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME	TD ANDERSON, DONALD C	<input type="checkbox"/> Delete
STREET ADDRESS	3200 COVE CAY DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME	VD WILLIAMS, EDGAR	<input type="checkbox"/> Delete
STREET ADDRESS	3200 COVE CAY DR 3E	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME	SD HAUER, YOLANDA	<input type="checkbox"/> Delete
STREET ADDRESS	3300 COVE CAY DRIVE 5F	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Ralston, Eugene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2900 Cove Cay Dr., 6E	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME	SD Paula Hoersch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2900 Cove Cay Dr., 3E	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD Hauer, Yolanda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3300 Cove Cay Dr., 5F	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]

2-28-03 727-535-5403

CR2E037 (10/02)