

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

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

03-10-2003 90725 008 ****61.25

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. Paragnossi, 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 CITY-ST-ZIP | 2900 COVE CAY DRIVE, 6E CLEARWATER FL 33760 | |
| TITLE NAME | D REILLY, PHILIP | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2700 COVE CAY DR., 4A CLEARWATER FL 33760 | |
| TITLE NAME | TD ANDERSON, DONALD C | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 3200 COVE CAY DR CLEARWATER FL 33760 | |
| TITLE NAME | VD WILLIAMS, EDGAR | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 3200 COVE CAY DR 3E CLEARWATER FL 33760 | |
| TITLE NAME | SD HAUER, YOLANDA | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 3300 COVE CAY DRIVE 5F 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 CITY-ST-ZIP | 2900 Cove Cay Dr., 6E Clearwater, FL 33760 | |
| TITLE NAME | SD Paula Hoesch | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2900 Cove Cay Dr., 3E 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 CITY-ST-ZIP | 3300 Cove Cay Dr., 5F 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)