

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90103 042 ****70.00

DOCUMENT # 755057

1. Entity Name

QUEENS COVE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**134 QUEENS ROAD
FT PIERCE FL 34949**

Mailing Address

**134 QUEENS ROAD
FT PIERCE FL 34949**

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 **59-2265997**

Applied For

Not Applicable

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

**LEVINE, JAY STEVEN
2500 NORTH MILITARY TRAIL
SUITE H90
BOCA RATON FL 33431**

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. 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 **STD** ☒ Delete
NAME **ANDREW, DIANE L**
STREET ADDRESS **114 QUEEN ANN CT**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **VD** ☐ Change ☒ Addition
NAME **SCHILDWACHTER, ERIC**
STREET ADDRESS **121 QUEEN FREDERIK A CT**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **PD** ☐ Delete
NAME **LANGER, NORBERT E**
STREET ADDRESS **121 QUEEN ANN CT**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **SD** ☐ Change ☒ Addition
NAME **SALEMA, JOSEPH S.**
STREET ADDRESS **118 QUEEN ANN CT**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **VD** ☒ Delete
NAME **MILLER, JAY**
STREET ADDRESS **121 QUEENS RD**
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE **TD** ☐ Change ☒ Addition
NAME **SCULTHORPE, KATHLEEN**
STREET ADDRESS **19 MAJESTIC WAY**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **RSD** ☒ Delete
NAME **SCHUSTER, BETTY**
STREET ADDRESS **116 QUEEN EUGENIA COURT**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **D** ☐ Change ☒ Addition
NAME **GALLI, JOHN**
STREET ADDRESS **85 QUEENS RD**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **D** ☐ Delete
NAME **SCHULT, CORT**
STREET ADDRESS **15 CASTLE CT**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **D** ☐ Change ☒ Addition
NAME **COLLINS, MARVIN**
STREET ADDRESS **22 SOVEREIGN WAY**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

TITLE **D** ☐ Delete
NAME **DONALDSON, DON**
STREET ADDRESS **138 COMMONWEALTH COURT**
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE **D** ☐ Change ☒ Addition
NAME **GONZALEZ, JOSE A.**
STREET ADDRESS **45 SOVEREIGN WAY**
CITY-ST-ZIP **HUTCHINSON ISLAND FL 34949**

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: **Kathleen Sculthorpe** 2/8/03 466-4395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)