

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90097 016 ****61.25

DOCUMENT # 756530

1. Entity Name

COVE HOMEOWNERS ASSOCIATION OF LAKE HARRIS, INC.

Principal Place of Business

Mailing Address

**31203 COVE ROAD
TAVARES FL 32778**

**11333 DAVISON LN
TAVARES FL 32778
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2959135

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

**BREWSTER, R B
11333 DAVISON LN
TAVARES FL 32778**

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 reinstalling)

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 **P** ☐ Delete
NAME **BROMMELAND, KRIS**
STREET ADDRESS **30920 CIRCLE DRIVE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Change ☒ Addition
NAME **BRUCE BROMMELAND**
STREET ADDRESS **11426 PALMETTO DR.**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **VP** ☐ Delete
NAME **MILLER, BRUCE**
STREET ADDRESS **30741 GLENN DRIVE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MILLER, MARY LOU**
STREET ADDRESS **30741 GLENN DRIVE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ROSEMARY BREWSTER**
STREET ADDRESS **11333 DAVISON LANE**
CITY-ST-ZIP **TAVARES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRIEGEL, H M**
STREET ADDRESS **11334 DAVISON**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURSH, BILL**
STREET ADDRESS **31050 COVE RD**
CITY-ST-ZIP **TAVARES FL**

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: *Rosemary Brewster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02

CR2E037 (9/01)