

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90011 043 ****61.25

DOCUMENT # 768999

1. Entity Name

COV.O. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

U.S. 192 WEST
7770 W IRLON BRONSON MEM HWY
KISSIMMEE FL 34747
US

Mailing Address

DAILY MANAGEMENT, INC
P.O. BOX 730119
ORMOND BEACH FL 32173-0119
US

54016956



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2942714

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

POHL & SHORT, P.A.
280 W. CANTON AVENUE
SUITE 410
WINTER PARK FL 32789

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>
Due By May 1, 2004

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

TITLE ☒ SD
NAME STEWART STEVE ☐ Delete
STREET ADDRESS 47 ARIAN AVE
CITY-ST-ZIP BRONX NY 10463

TITLE ☒ VD
NAME DOLLOFF, HAROLD ☐ Delete
STREET ADDRESS 5085 PATRICIA STREET
CITY-ST-ZIP COCOA FL 32927

TITLE ☒ PD
NAME BLAISE, LARRY ☐ Delete
STREET ADDRESS 1329 COLWEL LANE
CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE ☒ T
NAME SHEMANICK, TOM ☐ Delete
STREET ADDRESS 1311 HAMLIN DR.
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☒ X
NAME SCROGGINS, DENA ☒ Delete
STREET ADDRESS 3 SUNSHINE BLVD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ VP ☒ Change ☐ Addition
NAME DOLLOFF, HAROLD
STREET ADDRESS 4355 S.E. 140TH STREET
CITY-ST-ZIP SUMMERFIELD, FL. 34491

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

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

TITLE ☒ T ☒ Change ☐ Addition
NAME SHEMANICK, TOM
STREET ADDRESS 1311 HAMLIN DR.
CITY-ST-ZIP CLEARWATER, FL. 33764

TITLE ☒ D ☐ Change ☒ Addition
NAME NETTLES, KENNETH
STREET ADDRESS 106 SPRINGHOUSE DR.
CITY-ST-ZIP SAVANNAH, GA. 31419

TITLE ☐
NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-2004 484 368 1420