

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771052

1. Entity Name

SILVER COVE CONDOMINIUM ASSOCIATION, INC. ✓

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90006 046 ****61.25

Principal Place of Business

Mailing Address

727 VIA TRIPOLI
UNIT A-111
PUNTA GORDA FL 33950

727 VIA TRIPOLI
UNIT A-111
PUNTA GORDA FL 33950-6743

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

31-1102212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, ROBERT L
%SILVER COVE CONDO ASSOC INC
727 VIA TRIPOLI UNIT A-111
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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 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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIETRZAK, PATRICIA 3240 HILLPOINT LN DAYTON OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARE, GARY 8395-1A HYANNIS PORT DR DAYTON OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, JAMES 7078 CLAYBECK DRIVE HUBER HEIGHTS OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ROBERT 727 VIA TRIPOLI UNIT A-111 PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/9/00 941-575-8822

CR2E037 (9/99)