

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53512

1. Entity Name

HARBOR COVE HOMEOWNERS ASSOCIATION INCORPORATED

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90064 019 ***150.00

Principal Place of Business

499 IMPERIAL DR
NORTH PORT FL 34287
US

Mailing Address

499 IMPERIAL DR
NORTH PORT FL 34287
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 59-2526827

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

ROBEY, KENNETH
533 FLEETWOOD ST
NORTH POR FL 34287

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ROBEY, KENNETH
STREET ADDRESS 533 FLEETWOOD ST
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

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

TITLE VP
NAME THOMAS, LEE
STREET ADDRESS 730 BLACKBURN BLVD
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE VP
NAME CROWELL, WOODY
STREET ADDRESS 544 FLEETWOOD ST
CITY-ST-ZIP North Port FL 34287 ☒ Change ☐ Addition

TITLE VP
NAME TYO, HELEN
STREET ADDRESS 702 FAIRMOUNT DR
CITY-ST-ZIP NORTH PORT FL ☐ Delete

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

TITLE S
NAME MERRIT, MILDRED
STREET ADDRESS 524 FLEETWOOD ST
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE S
NAME DROZDOWSKI, IRENE
STREET ADDRESS 568 FAIRMOUNT DR
CITY-ST-ZIP North Port FL 34287 ☒ Change ☐ Addition

TITLE T
NAME HAINES, EVENLYN
STREET ADDRESS 223 TRAILORAMA DR
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE T
NAME DYER, ROLAND
STREET ADDRESS 552 Fleetwood St
CITY-ST-ZIP North Port FL 34287 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth Robey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Robey Pres.

Date

Daytime Phone #

26 Apr 2001

(941)

426 8408

CR2E034 (10/00)