

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002576

1. Entity Name

EMERALD COVE PROPERTYOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7229 RIDGEPORT DRIVE  
TAMPA FL 33647

7229 RIDGEPORT DRIVE  
TAMPA FL 33647

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

59-3639771

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

FITZPATRICK, MARK A  
7229 RIDGEPORT DRIVE  
TAMPA FL 33647

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
NAME: HOOKER, ROY W IV  
STREET ADDRESS: 7229 RIDGEPORT DRIVE  
CITY-ST-ZIP: TAMPA FL 33647 ☐ Delete

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

TITLE: SD  
NAME: GRIFFIN, H. WADE  
STREET ADDRESS: 7229 RIDGEPORT DRIVE  
CITY-ST-ZIP: TAMPA FL 33647 ☐ Delete

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

TITLE: TD  
NAME: FITZPATRICK, MARK A  
STREET ADDRESS: 7229 RIDGEPORT DRIVE  
CITY-ST-ZIP: TAMPA FL 33647 ☐ Delete

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

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STREET ADDRESS: ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

SIGNATURE: Mark A Fitzpatrick

1-26-02

8136328328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (9/01)

01/01/02

FILED  
Feb 12, 2002 8:00 am  
Secretary of State

02-12-2002 90108 017 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE