2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90065 032 ****61.25

DOCUMENT # N01296

1. Entity Name

C.A.V. HOMEOWNERS COOPERATIVE, INC.

Principal Place of Business	Mailing Address
39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540	39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540-6471

B00224697

DO NOT WRITE IN THIS SPACE

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 59-2515418 ☐ 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
MANVILLE, IRVING 39253 HOMECREST DR ZEPHYRHILLS FL 33540	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANVILLE, IRVING 39253 HOMECREST DR ZEPHYRHILLS FL 33540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CROSBY, RONALD 39248 MAHER RD ZEPHYRHILLS FL 33540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VAN WIEREN, DONNA 6327 WEALTHY LN ZEPHYRHILLS FL 33540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NAGEL, THENA 6340 BALMY LN ZEPHYRHILLS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTONE, LEELAND 6231 BALMY LN ZEPHYRHILLS FL 33540	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Watson, Percy 39331 Recess Dr. Zephyrhills, Fl. 33540 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUGHERTY, ROLLAND 39301 HOMECREST DR ZEPHYRHILLS FL 33540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jorgensen, Anne 39240 Nanian Dr. Zephyrhills, Fl. 33540 ☐ Change ☒ Addition

CR2E037 (9/99)

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 Manville Irving E MANVILLE 2/11/2000 813-782-8290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #