2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am DOCUMENT # N01296 **Secretary of State** 1. Entity Name 02-28-2001 90061 004 ****61.25 C.A.V. HOMEOWNERS COOPERATIVE, INC. Principal Place of Business Mailing Address 39333 BLUE SKYE DRIVE 39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2515418 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MANVILLE, IRVING 39231 Recess Dr. ZEPHYRHILLS FL 33540 City 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 Irving Manville-President FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/00) ☐ Delete ☐ Change ☐ Addition TITLE TITLE MANVILLE, IRVING NAME NAME STREET ADDRESS STREET ADDRESS 39231 Recess Dr. CITY-ST-7IP CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Detete Addition CROSBY, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 39248 MAHER RD CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Delete TITLE TITLE Change Addition NAME VAN WIEREN, DONNA STREET ADDRESS STREET ADDRESS 6327 WEALTHY LN CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME NAGEL, THENA STREET ADDRESS STREET ADDRESS 6340 BALMY LN CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WATSON, PERCY NAME STREET ADDRESS STREET ADDRESS 39331 RECESS DR. CITY-ST-7IP CITY-ST-7IP ZEPHYRHILLS FL 33540 TITLE ☐ Delete TITLE ☐ Change Addition NAME DAUGHERTY, ROLLAND NAME STREET ADDRESS 39301 HOMECREST DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 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

other like er

ITED NAME OF

changed, or on an attachment with an address, with all

SIGNATURE:

7 - 8,3-782-8270

Daytime Phone #

FILED