## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N01296**

1. Entity Name

C.A.V. HOMEOWNERS COOPE	HATIVE, INC.	
Principal Place of Business 39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540	Mailing Address 39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540	
Principal Place of Business , ,	3. Mailing Address	#75/A-1-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90949 027 \*\*\*\*61.25

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Principal Plac 39333 BLUE S ZEPHYRHILLS		Mailing Address 39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540						
2. Principal f	Place of Business	3. Mailing Address						
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			<b>Z</b>	CHECK HERE IF I	MAKING CHAN	BES
City & Stat	te	City & State			4. FEI Number 5	9-2515418		Applied For
Zip	Country	Zip	Country		5. Certificate of S	itatus Desired		Additional
	6. Name and Address of Curren	nt Registered Agent			7. Name and Add	dress of New Regi	Fee Red	quirea
			. Nar	· ·	LD E. CRO			
	e, irving		Stra				PIDENI	
	ECESS DRIVE		J. Out	3924	P.O. Box Number is <b>8 MAHER I</b>	OR.		
ZEPHYRH	HILLS FL 335540		Ì					
	2		City		-		FL Zip	Code
The above	named entity submits this statement	fa- 4b		<u>ZEPHYR</u>	HILLS,			542
the obligat	tions of registered agent.	or the purpose of changing its	registered omi	ce or registere	ed agent, or both, in	i the State of Florida	a. I am familiar v	vith, and accept
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SIGNATURE .	Signature, typed or printed name of registered ager		Registered Agent		·		DATE	00
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of 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: \_\_\_