

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90002 049 ****61.25

DOCUMENT # N02843

1. Entity Name

COVE CAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2622 COVE CAY DRIVE
 CLEARWATER FL 34620

PO BOX 1632
 LARGO FL 33779
 US



A0078002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3500 Cove Cay Drive
 Suite, Apt. #, etc.

3500 Cove Cay Drive
 Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

Clearwater FL

4. FEI Number

59-2512284

Applied For

Not Applicable

Zip

Country

Zip

Country

33760 Pinellas

33760 Pinellas

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

R.V. DEPUGH/SMC ASSET MGMT
 2164 15TH CIRCLE N
 ST PETERSBURG FL 33713

Name Cove Cay Community Assoc., Inc.

Street Address (P.O. Box Number is Not Acceptable)

3500 Cove Cay Drive

City

Clearwater

FL

Zip Code

33760

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 Gerald T. Panagrossi, LCAM

Gerald Panagrossi

7/9/01

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

After September 12, 2001, min. will be \$236.25

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 GENE, RALSTON Delete
 STREET ADDRESS 2900 COVE CAY DR., 6E
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE VD Change Addition
 NAME PARIS ALLIRED
 STREET ADDRESS 2621 Cove Cay Dr. 509
 CITY-ST-ZIP Clearwater, FL 33760

TITLE VD Delete
 NAME REUTHER, MIKE
 STREET ADDRESS 900 COVE CAY DR, #5-D
 CITY-ST-ZIP CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME HAUER, YOLANDA
 STREET ADDRESS 3300 COVE CAY DR, #5-F
 CITY-ST-ZIP CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME DAVIS, RALPH
 STREET ADDRESS 800 COVE CAY DRIVE #1C
 CITY-ST-ZIP CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PENZIK, RONALD
 STREET ADDRESS 2617 COVE CAY DR., 410
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME CAHILL, ELEANOR
 STREET ADDRESS 2629 COVE CAY DR., 607
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED~~

7/10/2001

535-5403

CR2E037 (5/01)