

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90515 003 ****61.25

DOCUMENT # N02843

1. Entity Name
COVE CAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**3500 COVE CAY DRIVE
CLEARWATER FL 33760**

Mailing Address
**3500 COVE CAY DRIVE
CLEARWATER FL 33760
US**

11003998



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2512284**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**COVE CAY COMMUNITY ASSOC., INC.
3500 COVE CAY DRIVE
CLEARWATER FL 33760**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Penzik, Ronald**
STREET ADDRESS **2617 Cove Cay Dr., #607**
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE **VD** ☒ Delete
NAME **PARIS, ALLISON**
STREET ADDRESS **2621 COVE CAY DRIVE 509**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **VD** ☒ Change ☐ Addition
NAME **Sobel, Hanny**
STREET ADDRESS **3400 Cove Cay Dr., #6I**
CITY-ST-ZIP **Clearwater, FL 33760**

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]* **RECEIVED**

CR2E037 (10/02)