

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13466

1. Entity Name

HOWELL COVE HOMEOWNERS ASSOCIATION, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90096 007 ****61.25

Principal Place of Business

3528 SEAFORD LANE
 CASSELBERRY FL 32707-013
 US

Mailing Address

3513 SEAFORD LANE
 CASSELBERRY FL 32707-012
 US

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

NOT APPLICABLE

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

ZIEGLER, STEPHEN J
 3513 SEAFORD LANE
 CASSELBERRY FL 32707-6013

Name HAROLD V. SHOEMAKER

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

3528 SEAFORD LANE

City CASSELBERRY

FL

Zip Code 32707-6013

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

Harold V. Shoemaker, TREASURER

9-1-00

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 13, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAROLD SHOEMAKER 3528 SEAFORD LANE CASSELBERRY FL 32707-6013	☐ Delete CHANGE TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DI CONSIGLIO, LISA 3604 DEERFIELD ROAD CASSELBERRY FL 32707-6004	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THEOBALD, JOSEPH 3516 DEERFIELD ROAD CASSELBERRY FL 32707-6004	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIEGLER, STEPHEN J 3513 SEAFORD LANE CASSELBERRY FL 32707-6012	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DARLENE CROCKETT 3025 PREMIER DRIVE CASSELBERRY FL 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT SAUERHOFF	☐ Change ☐ Addition WVS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ROBERT SAUERHOFF 3543 NORWICH COURT CASSELBERRY, FL 32707	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HAROLD SHOEMAKER 3528 SEAFORD LANE CASSELBERRY, FL 32707-6013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Harold V. Shoemaker, HAROLD V. SHOEMAKER

9-1-00

(407) 836-6907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)