2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # **N13466**

1. Entity Name
HOWELL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3528 SEAFORD LANE	3513 SEAFORD LANE
CASSELBERRY FL	CASSELBERRY FL
32707013 US	32707012 US

2. Principal Place of Business	3. Mailing Address
	3528 SEAFORD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CASSELBERRY FL
Zip / Country	Zip: 32707013 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER STEPHEN J
3513 SEAFORD LANE

CASSELBERRY FL
327076013

7. Name and Address of New Registered Agent

Name
SHOEMAKER HAROLD V

Street Address (P.O. Box Number is Not Acceptable)
3528 SEAFORD LANE

City: CASSELBERRY **FL** Zip Code: 327076013

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** **04/12/2001**
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 Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	☐ Delete		TITLE	TD	☒ Change	☐ Addition
NAME	ZIEGLER STEPHEN J			NAME	SHOEMAKER HAROLD V		
STREET ADDRESS	3513 SEAFORD LANE			STREET ADDRESS	3528 SEAFORD LANE		
CITY-ST-ZIP	CASSELBERRY	FL	327076012	CITY-ST-ZIP	CASSELBERRY	FL	327076013
TITLE	SD	☐ Delete		TITLE	SD	☒ Change	☐ Addition
NAME	THEOBALD JOSEPH			NAME	KOCHURKA PETER M		
STREET ADDRESS	3516 DEERFILED ROAD			STREET ADDRESS	3533 SEAFORD LANE		
CITY-ST-ZIP	CASSELBERRY	FL	327076004	CITY-ST-ZIP	CASSELBERRY	FL	32707
TITLE	VD	☐ Delete		TITLE	VD	☒ Change	☐ Addition
NAME	DI CONSIGLIO LISA			NAME	ROSS JAMES M		
STREET ADDRESS	3604 DEERFIELD ROAD			STREET ADDRESS	3525 PREMIER DRIVE		
CITY-ST-ZIP	CASSELBERRY	FL	327076004	CITY-ST-ZIP	CASSELBERRY	FL	32707
TITLE	PD	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	HAROLD SHOEMAKER			NAME	CROCKETT DARLENE C		
STREET ADDRESS	3528 SEAFORD LANE			STREET ADDRESS	3528 PREMIER DRIVE		
CITY-ST-ZIP	CASSELBERRY	FL	327076013	CITY-ST-ZIP	CASSELBERRY	FL	32707
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E037 (11/00)

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 TD 04/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #