

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N13466

FILED  
Jul 05, 2003  
Secretary of State

**Entity Name:** HOWELL COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3528 SEAFORD LANE  
CASSELBERRY, FL 32707013 US

**New Principal Place of Business:**

**Current Mailing Address:**

3528 SEAFORD LANE  
CASSELBERRY, FL 32707013 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHOEMAKER, HAROLD V  
3528 SEAFORD LANE  
CASSELBERRY, FL 327076013

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CROCKETT, DARLENE C  
Address: 3528 PREMIER DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VD ( ) Delete  
Name: ROSS, JAMES M  
Address: 3525 PREMIER DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete  
Name: KOCHURKA, PETER M  
Address: 3533 SEAFORD LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete  
Name: SHOEMAKER, HAROLD V  
Address: 3528 SEAFORD LANE  
City-St-Zip: CASSELBERRY, FL 327076013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD V SHOEMAKER

TD

07/05/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date