

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17586

1. Entity Name

THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90085 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

500 TABATHA DRIVE  
 OSTEEN FL 32764

500 TABATHA DRIVE  
 OSTEEN FL 32764-9614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910939

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

COOK, BARRY  
 549 TABATHA DR  
 OSTEEN FL 32764

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.

SIGNATURE

*Patricia Gleason* NIA

~~4-10-00~~

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**

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	P	<input type="checkbox"/> Delete
NAME	COOK, BARRY	
STREET ADDRESS	549 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GLEASON, PATRICIA	
STREET ADDRESS	795 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITAKER, WHILT	
STREET ADDRESS	601 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, WAYNE	
STREET ADDRESS	671 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISSON, ILLIANA	
STREET ADDRESS	685 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLEASON, PAUL	
STREET ADDRESS	795 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Velazquez	
STREET ADDRESS	720 Wild Acres	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Patricia Gleason* Patricia Gleason

4-10-00

407-328-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)