

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90019 025 ****61.25

DOCUMENT # N17586

1- Entity Name

THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

500 TABATHA DRIVE
 OSTEEN FL 32764

500 TABATHA DRIVE
 OSTEEN FL 32764

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

59-2910939

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

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

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 checked="" type="checkbox"/> Delete
NAME	WHITAKER, WHILT	
STREET ADDRESS	601 TABATHA DR	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, FRANK	
STREET ADDRESS	720 WILD ACRES	
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	<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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

407-321-7632
 Date Daytime Phone #

C0021427



DO NOT WRITE IN THIS SPACE

UNIFORM

CR2E037 (10/00)