2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 AM
Secretary of State

DOCUMENT# N21723

Entity Name: COVE CAY VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1200 COVE CAY DRIVE
CLEARWATER, FL 34620 US

New Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Current Mailing Address:

1200 COVE CAY DRIVE
CLEARWATER, FL 34620 US

New Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

FEI Number: 59-2832432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, RALPH
1200 COVE CAY DRIVE
CLEARWATER, FL 34620 US

Name and Address of New Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

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: MAUREEN C. REARDON 04/11/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: MEADE, RENE
Address: 900 COVE CAY DRIVE #1A
City-St-Zip: CLEARWATER, FL 33760

Title: DVP ( ) Delete
Name: REUTHER, MIKE
Address: 900 COVE CAY DRIVE #5D
City-St-Zip: CLEARWATER, FL 337601235

Title: D ( ) Delete
Name: KRESCO, ADIS
Address: 1000 COVE CAY DRIVE #4A
City-St-Zip: CLEARWATER, FL 33760

Title: T (X) Delete
Name: TORREY, WILLIAM
Address: 400 COVE CAY DRIVE #2C
City-St-Zip: CLEARWATER, FL 337601235

Title: P (X) Delete
Name: CRUM, DOUGLAS
Address: 1000 COVE CAY DRIVE #2G
City-St-Zip: CLEARWATER, FL 337601235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MEADE, RENE
Address: 900 COVE CAY DRIVE #1A
City-St-Zip: CLEARWATER, FL 33760

Title: TD (X) Change ( ) Addition
Name: ODIJK, EDIE
Address: 900 COVE CAY DRIVE #1H
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Change ( ) Addition
Name: DAVIS, RALPH
Address: 800 COVE CAY DRIVE #1C
City-St-Zip: CLEARWATER, FL 33760

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: RENEE MEADE PD 04/11/2002
Electronic Signature of Signing Officer or Director Date