

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90256 014 ****61.25

DOCUMENT # N36192

1. Entity Name

TRANQUILITY COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% PETER MC DONALD
 206 TRANQUILITY COVE
 ALTAMONTE SPRINGS FL 32701

Mailing Address

% PETER MC DONALD
 206 TRANQUILITY COVE
 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

24301 Milford Dr.

3. Mailing Address

24301 Milford Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis, FL

City & State

Eustis, FL

Zip

32736

Country

US

Zip

32736

Country

US

4. FEI Number

59-3084651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MC DONALD, PETER
 206 TRANQUILITY COVE
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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

TITLE **DP** ☐ Delete
 NAME **MC DONALD, PETER**
 STREET ADDRESS **206 TRANQUILITY COVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DST** ☐ Delete
 NAME **MC DONALD, SANDRA**
 STREET ADDRESS **206 TRANQUILITY COVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ Delete
 NAME **KOMER, DAN**
 STREET ADDRESS **201 #1 TRANQUILITY COVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

Date

352-589-5454

Daytime Phone #

CR2E037 (10/00)