

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

4/7

04-07-2003 90190 036 ***61.25

DOCUMENT # N36192 1. Entity Name TRANQUILITY COVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 24301 MILFORD DR. EUSTIS FL 32736		Mailing Address 24301 MILFORD DR. EUSTIS FL 32736	
2. Principal Place of Business 201 Tranquility Cove Suite, Apt. #, etc. #220 % Sandra McDonald		3. Mailing Address 201 Tranquility Cove Suite, Apt. #, etc. #220 % Sandra McDonald	
City & State Altamonte Springs FL Zip 32701		City & State Altamonte Springs FL Zip 32701	
Country USA		Country USA	
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 208 TRANQUILITY COVE ALTAMONTE SPRINGS FL 32701		7. Name and Address of New Registered Agent Name McDonald, Peter Street Address (P.O. Box Number is Not Acceptable) 201 Tranquility Cove #220 City Altamonte Springs FL Zip Code 32701	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		Peter McDonald (NOTE: Registered Agent signature required when retesting)	
DATE 4/13/2003 DATE		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW: FEE IS \$61.25		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC DONALD, PETER 208 TRANQUILITY COVE ALTAMONTE SPRINGS FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDonald, Peter 201 Tranquility Cove #220 Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MC DONALD, SANDRA 208 TRANQUILITY COVE ALTAMONTE SPRINGS FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST McDonald, Sandra 201 Tranquility Cove #220 Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMER, DAN 201 #1 TRANQUILITY COVE ALTAMONTE SPRINGS FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, D Larry Adkins 206 Tranquility Cove Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:		4/13/2003 407-260-1111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)