2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51192 Feb 15, 2000 8:00 am 1. Entity Name Secretary of State HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC. 02-15-2000 90063 032 ****61.25 Principal Place of Business Mailing Address P.O. BOX 2192 P.O. BOX 2192 TARPON SPRINGS FL 34688-2192 TARPON SPRINGS FL 34688-2192 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3180794 Not Applicable --Zip ---Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TROIO, NANCY 1727 MEYERS COVE DR **TARPON SPRINGS FL 34689** 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 (NOTE: Registered Agent signature required when rainstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Addition Delete TITLE NAME NAME troio, matthew STREET ADDRESS STREET ADDRESS 1727 MEYERS COVE DR CITY-ST-ZIP CITY-ST-7IP TARPON SPRINGS FL 34689 Change ☐ Addition VPD Delete TITLE TITLE NAMÉ FRIST, BOB NAME STREET ADDRESS STREET ADDRESS 1748 MEYERS COVE DRIVE CITY-ST-ZIP CITY-ST-7IP TARPON SPRINGS FL 34689 Delete ☐ Addition TITLE TD TITLE NAME NAME Harvey, David STREET ADDRESS STREET ADDRESS 1025 READING ROAD CITY-ST-7IP CITY-ST-ZIP LUTZ FL 33649 ☐ Change TITLE SD ☐ Delete SKOBODBUNSKI, DONNA NAME STREET ADDRESS STREET ADDRESS 1616 MEYERS COVE DRIVE CITY-ST-7IP CITY-ST-ZIP TARPON SPRINGS FL 34689 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

Daytime Phone #