2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90101 006 ****61.25

DOCUMENT # N51192

1. Entity Name

HOMEOWNERS ASSOCIATION OF MEYERS COVE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2192 TARPON SPRINGS FL 34688-2192	P.O. BOX 2192 TARPON SPRINGS FL 34688-2192

DO NOT WRITE IN THIS SPACE

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 59-3180794 ☐ 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
MYERS, MIKE 1727 MEYERS COVE DR TARPON SPRINGS FL 34689	Name: RICHARD WILLIAMS Street Address (P.O. Box Number is Not Acceptable): ~~1633 MEYERS COVE DR~~ 1633 MEYERS COVE DR City: TARPON SPRINGS FL Zip Code: 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.

SIGNATURE: [signature] RICHARD WILLIAMS TREASURER APRIL 25 2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WAGNER, HOLLY 1670 MEYERS COVE DR TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARVEY, DAVE 1025 READING RD LUTZ FL 33549	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, JIM 1793 MEYERS COVE DR. TARPON SPRINGS, FL 34689	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MYERS, MIKE 1705 MEYERS COVE DR LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SKOBODBUNSKI, DONNA 1616 MEYERS COVE DRIVE TARPON SPRINGS FL 34689	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWANDOWSKI, DAVE 1634 MEYERS COVE DR TARPON SPRINGS, FL 34689	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, RICHARD 1633 MEYERS COVE DR TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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] RE REQUIRED APRIL 25 2001 7279432783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #