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

DOCUMENT # N51192

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90092 011 ****61.25

Country Zip Country S. Certificate of Status Desired S. 8.75 Addies S. 8.75 Addies S. 8.75 Addies S. 8.75 Addies S. Certificate of Status Desired S. 8.75 Addies Street Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable)	HUMEOW	NERS ASSOCIATION OF ME	YERS COVE, INC.			03-19-2003 90092		1.23	
Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. Applied	P.O. BOX 2192 P.O. BOX 2192		P.O. BOX 2192	2192					
City & State Ci	2. Principal F	Place of Business	3. Mailing Address						
Security	Suite, Apt.	. #, etc.	- Suite, Apt. #, etc.			CHECK HERE IF MAKI	NG CHANGES	3	
E. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, RICHARD 1633 MEYERS COVE DRIVE TAPPON SPRINGS FL 34689 8. The above named ently submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE SI	City & Stat	te	City & State		4. FEI Num	^{ber} 59-3180794		pplied For ot Applicable	
WILLIAMS, RICHARD 1833 MEYERS COVE DRIVE TARPON SPRINGS FL 34689 City FL Zip Code	Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	\$8.75 Ad	ditional	
WILLIAMS, RICHARD 1833 MEYERS COVE DRIVE TARPON SPRINGS FL 34689 City FL Zip Code		6. Name and Address of Current	Registered Agent	_	7. Name a	nd Address of New Registere	d Agent		
1833 MEYERS COVE DRIVE TARPON SPRINGS FL 34689 8. The above named entry 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 a the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SIREET ADDRESS WAGNER, HOLLY 1079 STAPP TARPON SPRINGS FL 34689 TILE D WAGNER, HOLLY BLACK, JIM BLACK, JIM SIREET ADDRESS TARPON SPRINGS FL 34689 TOS MEYERS COVE DRIVE TARPON SPRINGS FL 34689 TOS MEYERS COVE DRIVE TARPON SPRINGS FL 34689 TOS MEYERS COVE DRIVE TOS MEYERS COVE TOS MEYERS COVE TOS				Name					
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Signature. Typing or printed name of registered agent and title if application. (NOTE: Registered Agent signature required when remission) DATE			or the purpose of changing its re	egistered office or r	egistered agent, or b	ooth, in the State of Florida. I a	ım familiar with,	, and accept	
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10.	SIGNATURE .		and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)	DAT	E		
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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

RESUIRED Matt Troio

2/26/03

727.534.0125