

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90070 014 \*\*\*\*61.25

DOCUMENT # N92000000200

1. Entity Name

THE COVERED PORCH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

752 NORTH WESTMORELAND DRIVE  
ORLANDO FL 32804  
US

Mailing Address

752 NORTH WESTMORELAND DRIVE  
ORLANDO FL 32804  
US

00019037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARPER, RUSS  
752 N WESTMORELAND DRIVE  
ORLANDO FL 32804

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

*Russ W. Harper, Treasurer*

2/14/01

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 PD ☒ Delete  
NAME NIEVES, HIGINIO T.  
STREET ADDRESS 756 N. WESTMORELAND DR  
CITY-ST-ZIP ORLANDO FL

TITLE President ☒ Change ☐ Addition  
NAME Drevers, Brooke N.  
STREET ADDRESS 756 N. Westmoreland Dr.  
CITY-ST-ZIP Orlando, FL 32804

TITLE SD ☒ Delete  
NAME CHIMENTO, SHELIA  
STREET ADDRESS 752 N. WESTMORELAND  
CITY-ST-ZIP ORLANDO FL

TITLE Secretary ☐ Change ☒ Addition  
NAME Sutherland, Kristy  
STREET ADDRESS 750 N. Westmoreland Dr.  
CITY-ST-ZIP Orlando, FL 32804

TITLE TD ☒ Delete  
NAME DREVERS, BROOKE N.  
STREET ADDRESS 756 N. WESTMORELAND DR.  
CITY-ST-ZIP ORLANDO FL

TITLE Treasurer ☐ Change ☒ Addition  
NAME ~~Russ~~ Harper, Russ  
STREET ADDRESS 752 N. Westmoreland Dr.  
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

2/14/01 407-886-1722

Date

Daytime Phone #

CR2E037 (10/00)