

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90074 007 ****61.25

DOCUMENT # N94000000497

1. Entity Name
PLEASANT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
1675 OCEANA DRIVE #3 MERRITT ISLAND FL 32952		1675 OCEANA DRIVE #3 MERRITT ISLAND FL 32952-5935	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2393945** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PICKLES, TIMOTHY ESQ
1970 MICHIGAN AVE
BLDG E
COCOA FL 32922

7. Name and Address of New Registered Agent

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 _____
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

P	<input type="checkbox"/> Delete
TITLE: PRALL, ROGER L	
STREET ADDRESS: 1675 OCEANA DR #12	
CITY-ST-ZIP: MERRITT ISLAND FL 32452	
VP	<input type="checkbox"/> Delete
TITLE: HORTON, JOAN	
STREET ADDRESS: 1675 OCEANA DR #18	
CITY-ST-ZIP: MERRITT ISLAND FL 32952	
ST	<input type="checkbox"/> Delete
TITLE: MCCLURE, MARY ANN	
STREET ADDRESS: 1675 OCEANA DR #3	
CITY-ST-ZIP: MERRITT ISLAND FL	
D	<input type="checkbox"/> Delete
TITLE: BISCHOP, TOM	
STREET ADDRESS: 1675 OCEANA DR #5	
CITY-ST-ZIP: MERRITT ISLAND FL 32952	
D	<input type="checkbox"/> Delete
TITLE: ZUBEY, STELLA	
STREET ADDRESS: 1675 OCEANA DR #8	
CITY-ST-ZIP: MERRITT ISLAND FL	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Ann McClure* **Sec/Treas** 1/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)