

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000863

1. Entity Name

THE VILLAS AT COVENTRY VILLAGE HOMEOWNERS' ASSOC

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

03-22-2000 90182 029 ****61.25

Principal Place of Business
2753 STATE ROAD 580
#207
CLEARWATER FL 33761
US

Mailing Address
2753 STATE ROAD 580
#207
CLEARWATER FL 33761-3345
US

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

59-3233529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REARDON, MAUREEN C
2753 STATE ROAD 580 #207
CLEARWATER FL 33761

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VLASBLOM, CHARYL 4409 CONNERY CT PALM HARBOR FL 34685	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARSON, SANDY 4511 CONNERY COURT PALM HARBOR FL 34685	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRCHNER, GERRY 4465 CONNERY COURT PALM HARBOR FL 34685	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D VLASBLOM, CHARYL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, SHIRL 5775 YORKSHIRE PALM HARBOR FL 34685	Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREVEN, MARILYN 5772 YORKSHIRE PALM HARBOR FL 34685	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D IMPERIALE, STEVE 4467 CONNERY COURT PALM HARBOR FL 34685	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Charyl Vlasbloom*
POST MARKED: 14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 787-9344

CR2E037 (9/99)