

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90125 030 ****61.25

DOCUMENT # N 94000005084 (8) ✓

1. Corporation Name

Prima Vera Cove Homeowner Association, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 351 Prima Vera Cove

26 351 Prima Vera Cove

10-14-1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3327796

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

23 Altamonte Springs, FL

28 Altamonte Springs, FL

6. Election Campaign Financing

\$5.00 May Be

Zip

Country

Zip

Country

Trust Fund Contribution ☐

Added to Fees

24 32714

29 32714

30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MATTHEW SEIBEL

82 Street Address (P.O. Box Number is Not Acceptable)

351 Prima Vera Cove

83

84 City

Altamonte Springs

FL

85 Zip Code

32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Matthew Seibel

(NOT Registered Agent signature required when reinstating)

4-6-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME Jammal, Suherl E

STREET ADDRESS 1108 Sweetbriar Rd.

CITY-STATE-ZIP Orlando, FL. 32806

TITLE DUST ☒ DELETE

NAME Jammal, Sylvie S

STREET ADDRESS 1108 Sweetbriar Rd.

CITY-STATE-ZIP Orlando, FL. 32806

TITLE D ☒ DELETE

NAME Nordarse, Lella

STREET ADDRESS 807 S. Orlando Ave STEA.

CITY-STATE-ZIP Winter Park, FL. 32789

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DP ☒ Change ☐ Addition

MATTHEW SEIBEL

351 Prima Vera Cove

Altamonte Springs FL. 32714

D/V ☒ Change ☐ Addition

DAVID Byrnes

352 Prima Vera Cove

Altamonte Springs FL. 32714

D ☒ Change ☐ Addition

Deborah Averbach

521 Spring Club Drive

Altamonte Springs FL. 32714

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with a letter like empowered.

SIGNATURE:

Matthew Seibel

4-6-99

Date

407-774-5533

Daytime Phone #

CR2E037 (11/98)