

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005084

1. Entity Name

PRIMA VERA COVE HOMEOWNER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

351 PRIMA VERA COVE
ALTAMONTE SPRINGS FL 32714
US

351 PRIMA VERA COVE
ALTAMONTE SPRINGS FL 32714
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

59-3327796

Applied For

Not Applicable

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

SEIBEL, MATTHEW
351 PRIMA VERA COVE
ALTAMONTE SPRINGS FL 32714

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.

(NOT: Registered Agent's signature required when reinstating)

DATE

4-15-01

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 DP ☐ Delete
NAME SEIBEL, MATTHEW
STREET ADDRESS 351 PRIMA VERA COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE DV ☐ Delete
NAME BYRNES, DAVID
STREET ADDRESS 352 PRIMA VERA COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE D ☐ Delete
NAME AUERBACH, DEBORAH
STREET ADDRESS 521 SPRING CLUB DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

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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, typed or printed name of signing officer or director

Date

Daytime Phone #

407-774-5533

CR2E037 (5/00)

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FILED

01 APR 24 PM 3:04

SECRETARY OF STATE
TALLAHASSEE



REINSTATEMENT

00-01