

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005084

1. Entity Name

PRIMA VERA COVE HOMEOWNER ASSOCIATION, INC.

FILED

Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90061 006 ****61.25

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

353 PRIMA VERA COVE
Suite, Apt. #, etc.

353 PRIMA VERA COVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ALTAMONTE SPRINGS, FL

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3327796

Applied For

Not Applicable

Zip

Country

Zip

Country

32714 US

32714 US

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 SHARON ROGERS

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

353 PRIMA VERA COVE

City ALTAMONTE SPRINGS, FL Zip Code 32714

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 SHARON ROGERS DP - Sharon Rogers 2-23-02
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 DP
NAME SEIBEL, MATTHEW
STREET ADDRESS 351 PRIMA VERA COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE DP
NAME ROGERS, SHARON
STREET ADDRESS 353 PRIMA VERA COVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: SHARON ROGERS 2/23/02 407 869 1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)