

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90063 017 \*\*\*\*61.25

**DOCUMENT # N95000005976**

1. Entity Name  
**COTEE RIVER PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 5611 OAK RIDGE AVE NEW PORT RICHEY FL 34652	Mailing Address 5611 OAK RIDGE AVE NEW PORT RICHEY FL 34652-3862
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-3369378** 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  
**SCOTT, KENNETH**  
**5609 OAK RIDGE AVENUE**  
**NEW PORT RICHEY FL 34625**

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 *Kenneth A. Scott* DATE **4-9-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	SCHALK, JOSEPH A.	
STREET ADDRESS	5611 OAK RIDGE AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ACQUARD, STEVE	
STREET ADDRESS	5655 RIVERVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	PILATO, JOSEPH	
STREET ADDRESS	5706 LOUISIANA AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TVPD	<input checked="" type="checkbox"/> Delete
NAME	LUKE, CARL	
STREET ADDRESS	5651 RIVERVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, KENNETH	
STREET ADDRESS	5609 OAK RIDGE AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKE, CARL	
STREET ADDRESS	5651 RIVERVIEW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SAMUEL	
STREET ADDRESS	5551 OAK RIDGE AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCO, PHIL	
STREET ADDRESS	5703 RIVERVIEW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	SEC.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABB, DARLENE	
STREET ADDRESS	5540 LOUISIANA AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph A. Schalk* DATE: **4-9-00** (727) 847-3892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)