

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90455 014 ****61.25

DOCUMENT # N95000005976

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

Principal Place of Business **Mailing Address**
5611 OAK RIDGE AVE **5611 OAK RIDGE AVE**
NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-3369378** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 Zip Country **Pasco** Zip Country **Pasco**

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 _____ DATE **3-8-01**
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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

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 type="checkbox"/> Delete
NAME	LUKE, CARL	
STREET ADDRESS	5651 RIVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	SCOTT, SAMUEL	
STREET ADDRESS	5551 OAK RIDGE AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RONCO, PHIL	
STREET ADDRESS	5703 RIVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BABB, DARLENE	
STREET ADDRESS	5540 LOUISIANA 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER HINES	
STREET ADDRESS	5703 GRAND BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 I am empowered.

SIGNATURE: _____ **DATE:** **3/8/01** **DAYTIME PHONE #:** **(227) 847-3892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)