

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90136 040 \*\*\*\*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**



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 **59-3369378**      Applied For  
Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Florida 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                      | VP                       | <input checked="" type="checkbox"/> Delete |
| NAME                       | STANLEY, PELCZAR         |  |
| STREET ADDRESS             | 5547 OAK RIDGE AVENUE    |  |
| CITY-ST-ZIP                | NEW PORT RICHEY FL 34652 |  |
| TITLE                      | SVPD                     | <input checked="" type="checkbox"/> Delete |
| NAME                       | SCOTT, SAMUEL            |  |
| STREET ADDRESS             | 5551 OAK RIDGE AVE.      |  |
| CITY-ST-ZIP                | NEW PORT RICHEY FL 34652 |  |
| TITLE                      | TD                       | <input checked="" type="checkbox"/> Delete |
| NAME                       | RONCO, PHIL              |  |
| STREET ADDRESS             | 5703 RIVERVIEW DR.       |  |
| CITY-ST-ZIP                | NEW PORT RICHEY FL 34652 |  |
| TITLE                      | SD                       | <input checked="" 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   | PHILIP RONCO      FVPD     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | 5703 Riverview Drive       |  |
| STREET ADDRESS  | New Port Richey, Fl. 34652 |  |
| CITY-ST-ZIP   |                            |  |
| TITLE   | SVPD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | ALICE STAMPER              |  |
| STREET ADDRESS  | 5643 Riverview Drive       |  |
| CITY-ST-ZIP   | New Port Richey, Fl. 34652 |  |
| TITLE   | TVPDPT                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | CHARLES CROWLEY            |  |
| STREET ADDRESS  | 5635 Riverview Drive       |  |
| CITY-ST-ZIP   | New Port Richey, Fl. 34652 |  |
| TITLE   | SD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SAMUEL SCOTT               |  |
| STREET ADDRESS  | 5551 Oak Ridge 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: \_\_\_\_\_ **REQUIRED**

3-7-03

(727) 847-3892

CR2E037 (10/02)