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

FILED May 07, 2003 8:00 am §

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1. Entity Nam	MENT # N960000 (RD COVE HOMEOWNERS ASSO		05-07-2003 90140 029 ****61.25					
Principal Place	NC. De of Business IRD PLACE	034						
2. Principal F	12 Windward Ph	Mailing Address Suite, Apt. #, etc.	*		CHECK HERE IF MAKING			
City & Stat Feat Zip 3203		City & State	Country	4. FEI Number 50 5. Certificate of Sta				
SHAFER, DONALD L 4949 WINDWARD PLACE FERNANDINA BEACH FL 32034 Signature Signature 6. Name and Address of Current Registered Agent Name Street Address (P.Q. Box Number is Not Acceptable) City FL Zip Code 32234 Signature Signature Signature								
	Signature, typed or printed name of repletered agent and litt	9. Election Cam Trust Fund Co	paign Financing	A0000 10 1 000	Make Check Florida Depar	k Payable triment of S	itate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP FITZGERALD, LEE 4938 WINDWARD PLACE FERNANDINA BEACH FL 32034 DV	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Fallin, E 4940 Win	s to officers and di vans Laward Pla Boach	☐ Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FALLIN, EVANS 4940 WINDWARD PLACE FERNANDINA BEACH FL 32034 DT	Delete		eten Die	tz. ben Point L Beach F	☐ Change	2039	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SHARER, DONALD 4949 WINDWARD PLACE FERNANDINA BEACH FL 32034 DS	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	1942 Win	dossey	Mar Lace Change	Saret Addition	
NAME ' STREET ADDRESS CITY-ST-ZIP TITLE	MOORE, TERRY 4951 WINDWARD PLACE FERNANDINA BEACH FL 32034 DD	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SHIVER, JENNIFER 4945 WINDWARD PLACE FERNANDINA BEACH FL 32034	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME STREET ADDRESS		L Delete	NAME STREET ADDRESS			— Change		

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:

491-1135