

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90023 013 ****61.25

DOCUMENT # N96000004298

1. Entity Name

TERRY COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1141 MOSSWOOD CHASE
 TALLAHASSEE FL 32312**

**PO BOX 13671
 TALLAHASSEE FL 32317**

2. Principal Place of Business

3. Mailing Address

1437 Vieux Carre Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
32308

Country
Leon

Zip

Country

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

**NELSON, TERRY C
 1141 MOSSWOOD CHASE
 TALLAHASSEE FL 32312**

Name
Nelson, Terry C.

Street Address (P.O. Box Number is Not Acceptable)
1437 Vieux Carre Dr.

City
Tallahassee

FL Zip Code
32308

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  **Terry C. Nelson** **4/22/02**

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 ☐ Delete
 NAME **DPT**
 STREET ADDRESS **FITZPATRICK, DAVID W**
 CITY-ST-ZIP **1216 WAKEFIELD DRIVE
 PENSACOLA FL 32514**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FITZPATRICK, DIANE R**
 CITY-ST-ZIP **1216 WAKEFIELD DRIVE
 PENSACOLA FL 32514**

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

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **ENGLISH, GREGORY S**
 CITY-ST-ZIP **1310 E. GONZALEZ STREET
 PENSACOLA FL 32501**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ENGLISH, LINDA J**
 CITY-ST-ZIP **1310 E. GONZALEZ STREET
 PENSACOLA FL 32501**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without like empowered.

SIGNATURE:  **Terry C. Nelson**

4/22/02 (850)545-6646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)