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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N47948** (7)  
1. Corporation Name  
**COOPER'S GROVE HOMEOWNERS ASSOCIATION, INC.**

**POSTED**  
162

Principal Place of Business Mailing Address  
951 BROKEN SOUND PKWY  
700 W. HILLSBORO BLVD 1-101  
BOCA RATON FL 33487  
US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0322411** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MESSINGER, JOEL**  
**951 BROKEN SOUND PARKWAY**  
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	<del>REEMAN, SCOTT</del>
STREET ADDRESS	<del>4034 G.W. 105TH TERRACE</del>
CITY - ST - ZIP	<del>COOPER CITY FL</del>
TITLE	<del>VPD</del>
NAME	<del>KOPT, KYLE</del>
STREET ADDRESS	<del>10246 GROVE STREET</del>
CITY - ST - ZIP	<del>COOPER CITY FL</del>
TITLE	<del>VPD</del>
NAME	<del>ALLEN, RALPH</del>
STREET ADDRESS	<del>10433 GROVE LANE</del>
CITY - ST - ZIP	<del>COOPER CITY FL</del>
TITLE	<del>SD</del>
NAME	<del>KEPLER, KATHY</del>
STREET ADDRESS	<del>4074 S.W. 105TH TERRACE</del>
CITY - ST - ZIP	<del>COOPER CITY FL</del>
TITLE	<del>TD</del>
NAME	<del>WHITE, ROBERT</del>
STREET ADDRESS	<del>10280 GROVE LANE</del>
CITY - ST - ZIP	<del>COOPER CITY FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PIO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Harry Cromms</b>	
13 STREET ADDRESS	<b>Cooper 10105 Grove Ln</b>	
14 CITY - ST - ZIP	<b>Cooper City, FL 33328</b>	
21 TITLE	<b>Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>David Bavar</b>	
23 STREET ADDRESS	<b>10319 Grove Street</b>	
24 CITY - ST - ZIP	<b>Cooper City, FL 33328</b>	
31 TITLE	<b>TIO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Traci Calvanna</b>	
33 STREET ADDRESS	<b>10120 Grove Ln</b>	
34 CITY - ST - ZIP	<b>Cooper City, FL 33328</b>	
41 TITLE	<b>Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Traci Calvanna</b>	
43 STREET ADDRESS	<b>10120 Grove Ln</b>	
44 CITY - ST - ZIP	<b>Cooper City, FL 33328</b>	
51 TITLE	<b>Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Donna Grove</b>	
53 STREET ADDRESS	<b>10206 Grove Street</b>	
54 CITY - ST - ZIP	<b>Cooper City, FL 33328</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

**876/116**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Bavar **DAVID BAVAR** 4-20-95 407-994-1288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #