

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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.



Principal Place of Business

Mailing Address

951 BROKEN SOUND PKWY
700 W. HILLSBORO BLVD 1-101
BOCA RATON FL 33487
US

951 BROKEN SOUND PKWY
700 W. HILLSBORO BLVD 1-101
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified
03/19/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Community Assoc. Services**
Suite, Apt. #, etc.

26 **Community Assoc. Services**
Suite, Apt. #, etc.

22 **951 Broken Sound Pkwy Ste 250**
City & State

27 **951 Broken Sound Pkwy Ste 250**
City & State

23 **Boca Raton, FL**
Zip

28 **Boca Raton, FL**
Zip

24 **33487**
Country

25 **Palm Bch**
Country

29 **33487**
Country

30 **Palm Bch**
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSINGER, JOEL
951 BROKEN SOUND PARKWAY
BOCA RATON FL 33487

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CREMINS, KERRY**
STREET ADDRESS **10105 GROVE LN**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **V** ☒ DELETE
NAME **BAUER, DAVID**
STREET ADDRESS **10319 GROVE STREET**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **TD** ☒ DELETE
NAME **CAVAMA, TRACI**
STREET ADDRESS **10120 GROVE LN**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **S** ☒ DELETE
NAME **CAVAMA, TRISH**
STREET ADDRESS **10120 GROVE LN**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **D** ☒ DELETE
NAME **CROUSE, JOHN**
STREET ADDRESS **10306 GROVE STREET**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **MARK BENDER**
1.3 STREET ADDRESS **10280 GROVE LANE**
1.4 CITY-ST-ZIP **COOPER CITY, FL 33328**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Scott Kleiman**
2.3 STREET ADDRESS **4934 S.W. 105th Ter.**
2.4 CITY-ST-ZIP **COOPER CITY, FL 33328**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **BRANDAN Halpin**
3.3 STREET ADDRESS **10315 GROVE LANE**
3.4 CITY-ST-ZIP **COOPER CITY, FL 33328**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **MARCI Notari**
4.3 STREET ADDRESS **10425 GROVE LANE**
4.4 CITY-ST-ZIP **COOPER CITY, FL 33328**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **John Ohlsson**
5.3 STREET ADDRESS **10405 GROVE LANE**
5.4 CITY-ST-ZIP **COOPER CITY, FL 33328**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Scott Kleiman (Scott Kleiman)

4-24-96

407-994-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)