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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
% COMMUNITY ASSOC. SERVICES % COMMUNITY ASSOC. SOCIALISTS
951 BROKEN SOUND PKWY. STE 250 951 BROKEN SOUND PLWY. STE 250
BOCA RATON FL 33487 BOCA RATON FL 33487
US US

3. Date Incorporated or Qualified 03/19/1992 3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address
21 % Pointe Management Group 26 % Pointe Management Group
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 7540 U.S. Hwy One #104 27 7540 U.S. Hwy One #104
City & State City & State
23 Lantana, Florida 28 Lantana, Florida
Zip Zip Country Country
24 33462 25 USA 29 33462 30 USA

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

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 Eric Estebanez
82 Street Address (P.O. Box Number is Not Acceptable) 7540 U.S. Hwy One Suite 104
83
84 City Lantana FL 85 Zip Code 33462

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 Eric Estebanez 4-7-97
Signature of person named name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME BENDER, MARK
STREET ADDRESS 10230 GROVE LANE
CITY-ST-ZIP COOPER CITY FL
TITLE VD ☒ DELETE
NAME KLEIMAN, SCOTT
STREET ADDRESS 4934 SW 108TH TERR
CITY-ST-ZIP COOPER CITY FL
TITLE TD ☐ DELETE
NAME HALPIN, BRANDAN
STREET ADDRESS 10315 GROVE LANE
CITY-ST-ZIP COOPER CITY FL
TITLE SD ☒ DELETE
NAME NOTARI, MARCI
STREET ADDRESS 10425 GROVE LANE
CITY-ST-ZIP COOPER CITY FL
TITLE D ☒ DELETE
NAME OHLSSON, JOHN
STREET ADDRESS 10405 GROVE LANE
CITY-ST-ZIP COOPER CITY FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Traqi Boss
2.3 STREET ADDRESS 4925 SW 105 Terr.
2.4 CITY-ST-ZIP Cooper City, FL 33328
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SD Robert Silverman
4.3 STREET ADDRESS 4954 SW 105 Terr
4.4 CITY-ST-ZIP Cooper City, FL 33328
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CP2E037 (9/96)