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FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47948 (7)

1. Corporation Name
COOPER'S GROVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O POINTE MANAGEMENT SURVEY 7540 US HWY ONE #104 LANTANA FL 33462 US	Mailing Address POINTE MANAGEMENT SURVEY 7540 US HWY ONE #104 LANTANA FL 33461 US
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3. Date Incorporated or Qualified 03/19/1992	
4. FEI Number 65-0322411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent

ESTESANER, ERIC
7540 US HWY ONE #104
LANTANA FL 33462

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENDER, MARK	
STREET ADDRESS	10230 GROVE LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOSS, TRACI	
STREET ADDRESS	4925 SW 105 TERR	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALPIN, BRANDAN	
STREET ADDRESS	10315 GROVE LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, ROBERT	
STREET ADDRESS	4954 SW 105 TERR	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Bass	
1.3 STREET ADDRESS	4925 SW 105 Terr	
1.4 CITY-ST-ZIP	Cooper City, FL 33310	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplementary 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; that I am 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 as an attachment with an address.

SIGNATURE _____ **5-1-98**

CP2E037 (10/97)