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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90120 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47948

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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2. Principal Place of Business 21 c/o Phoenix Management Suite, Apt. #, etc. 22 541 S. State Rd 7 #12 City & State 23 Margate FL 33068 Zip Country 24 33068 25 Broward	2a. Mailing Address 26 c/o Phoenix Magement Suite, Apt. #, etc. 27 541 S. State Rd 7 #12 City & State 28 Margate FL 33068 Zip Country 29 33068 30 Broward	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	

9. Name and Address of Current Registered Agent

~~ESTESANER, ERIC~~
~~7840 US HWY ONE #104~~
~~LANTANA FL 33462~~

10. Name and Address of New Registered Agent

81 Name Phoenix Management Service

82 Street Address (P.O. Box Number is Not Acceptable)
 541 S. State Rd 7 #12

83

84 City Margate FL 85 Zip Code 33068

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 *Neil Karp* **NEIL KARP** April 12, 1999

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	<input type="checkbox"/> DELETE
NAME	BENDER, MARK	
STREET ADDRESS	10230 GROVE LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BASS, WILLIAM BOSS, William	
STREET ADDRESS	4925 SW 105TH 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Neil Karp* **SIGNATURE REQUIRED** President 4/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)