

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90191 004 ****61.25

DOCUMENT # N47948

1. Entity Name

COOPER'S GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O POINTE MANAGEMENT SURVEY
 541 S. STATE RD. 7 #12
 MARGATE FL 33068
 US

C/O POINTE MANAGEMENT SURVEY
 541 S. STATE RD. 7 #12
 MARGATE FL 33068
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0322411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHOENIX MANAGEMENT CORP
541 S. STATE RD 7 #12
MARGATE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: BENDER, MARK
 STREET ADDRESS: 10230 GROVE LANE
 CITY-ST-ZIP: COOPER CITY FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: VPD
 NAME: BOSS, WILLIAM
 STREET ADDRESS: 4925 SW 105TH TERR
 CITY-ST-ZIP: COOPER CITY FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: TD
 NAME: HALPIN, BRANDAN
 STREET ADDRESS: 10315 GROVE LANE
 CITY-ST-ZIP: COOPER CITY FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: S
 NAME: KOPF, KIM
 STREET ADDRESS: 10316 GROVE STREET
 CITY-ST-ZIP: COOPER CITY FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: VPD
 NAME: ESTRIFEANT, RICARDO
 STREET ADDRESS: 10005 GROVE LANE
 CITY-ST-ZIP: COOPER CITY FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

PHOENIX MANAGEMENT CORP SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

(954) 977-3777

Date

Daytime Phone #

CR2E037 (10/00)