

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000389 (7)

1. Corporation Name

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**3300 P.G.A. BLVD.
SUITE 900
PALM BEACH GARDENS FL 33410**

Mailing Address

**3300 P.G.A. BLVD.
SUITE 900
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified
01/28/1993

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

2. Principal Place of Business

2a. Mailing Address

21 100 River Bridge Blvd.

2a 100 River Bridge Blvd.

4. FEI Number

65-0436242

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

10. Name and Address of New Registered Agent

**OLITZKY, EARL K.
100 RIVER BRIDGE BLVD
W. PALM BCH FL 33413**

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 ☒ DELETE

**D
NAME: DANIEL ROBINS
STREET ADDRESS: 140 COVE ROAD
CITY-ST-ZIP: WEST PALM BEACH, FL 33411**

TITLE ☐ DELETE

**D
NAME: IRWIN KREITMAN
STREET ADDRESS: 169 COVE ROAD
CITY-ST-ZIP: WEST PALM BEACH, FL 33411**

TITLE ☐ DELETE

**D
NAME: LEON CAPSUTO
STREET ADDRESS: 112 COVE ROAD
CITY-ST-ZIP: WEST PALM BEACH, FL 33411**

TITLE ☐ DELETE

**D
NAME: NOEL SISSON
STREET ADDRESS: 200 COVE ROAD
CITY-ST-ZIP: WEST PALM BEACH, FL 33411**

TITLE ☐ DELETE

**D
NAME: ROBERT REGA
STREET ADDRESS: 148 COVE ROAD
CITY-ST-ZIP: WEST PALM BEACH, FL 33411**

TITLE ☐ DELETE

**D
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD
NAME: Daniel Robins
140 Cove Road
West Palm Beach, Fl**

2.1 TITLE ☒ Change ☐ Addition

**VPD
NAME: Irwin Kreitman
169 Cove Road
West Palm Beach, Fl**

3.1 TITLE ☒ Change ☐ Addition

**TD
NAME: Leon Capsuto
112 Cove Road
West Palm Beach, Fl**

4.1 TITLE ☐ Change ☒ Addition

**SD
NAME: Noel Sisson
200 Cove Road
West Palm Beach, Fl**

5.1 TITLE ☐ Change ☒ Addition

**D
NAME: Robert Rega
148 Cove Road
West Palm Beach, Fl**

6.1 TITLE ☐ Change ☐ Addition

**D
NAME: [Blank]
[Blank]
[Blank]**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 407-9686054

CR2E037 (12/95)