

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000389

1. Entity Name

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90190 008 ****61.25

Principal Place of Business Mailing Address
 100 RIVER BRIDGE BLVD 100 RIVER BRIDGE BLVD
 SUITE 900 SUITE 900
 W PALM BCH FL 33413 W PALM BCH FL 33413-2029
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Custom Property Management
 City & State 33288 Congress Ave Suite 2A
 West Palm Beach, FL
 Zip Country 33406 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0436242 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPLAR, LOUIS
 % ST. JOHN DICKER
 500 AUSTRALTAN AVE SOUTH STE 600
 W. PALM BCH FL 33401

7. Name and Address of New Registered Agent
 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
 TITLE VPD ☐ Delete
 NAME ROBINS, DANIEL
 STREET ADDRESS 140 COVE RD
 CITY-ST-ZIP W PALM BCH FL
 TITLE VPD ☐ Delete
 NAME KREITMAN, IRWIN
 STREET ADDRESS 169 COVE RD
 CITY-ST-ZIP W PALM BCH FL
 TITLE TD ☒ Delete
 NAME CAPSUTO, LEON
 STREET ADDRESS 112 COVE RD
 CITY-ST-ZIP W PALM BCH FL
 TITLE PD ☐ Delete
 NAME SISSON, NOEL
 STREET ADDRESS 200 COVE RD
 CITY-ST-ZIP W PALM BCH FL
 TITLE SD ☐ Delete
 NAME REGA, ROBERT
 STREET ADDRESS 148 COVE RD
 CITY-ST-ZIP W PALM BCH FL
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE TD ☐ Change ☒ Addition
 NAME NORMAN MAST
 STREET ADDRESS 165 COVE RD.
 CITY-ST-ZIP West Palm Beach, FL 33413
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Noel Sisson* REQUIRED (Noel Sisson) 1-27-00 561-964-2439
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)