

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000000389**

1. Entity Name

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.**FILED****Mar 05, 2002 8:00 am**
Secretary of State

03-05-2002 90090 017 ****61.25

Principal Place of Business

**100 RIVER BRIDGE BLVD
SUITE 900
W. PALM BCH FL 33413
US**

Mailing Address

**CMC MANAGEMENT INC
SUITE B
LAKE WORTH FL 33467
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0436242

Applied For

Not Applicable

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

Name

Louis Caplan

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

301 Yamato Rd, Suite 4150

City

Boca Raton**FL**

Zip Code

33431~~CAPLAN, LOUIS~~
**% ST. JOHN DICKER
500 AUSTRALTAN AVE SOUTH STE 600
W. PALM BCH FL 33401**

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

1/25/02**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 **VPD** ☐ Delete
NAME **ROBINS, DANIEL**
STREET ADDRESS **140 COVE RD**
CITY-ST-ZIP **W. PALM BCH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **KREITMAN, IRWIN**
STREET ADDRESS **169 COVE RD**
CITY-ST-ZIP **W. PALM BCH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **SISSON, NOEL**
STREET ADDRESS **200 COVE RD**
CITY-ST-ZIP **W. PALM BCH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **REGA, ROBERT**
STREET ADDRESS **148 COVE RD**
CITY-ST-ZIP **W. PALM BCH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☒ Delete
NAME **MAST, NORMAN**
STREET ADDRESS **165 COVE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**TITLE ☒ Change ☒ Addition
NAME **SUSAN Gearhart**
STREET ADDRESS **129 COVE RD**
CITY-ST-ZIP **West Palm Beach, FL 33413**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-02 561-964-2439

CR2E037 (9/01)