2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000389

FILED Mar 25, 2009 Secretary of State

Entity Name: SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

CMC MGMT CMC MANAGEMENT, INC. 2950 JOG ROAD 2950 JOG ROAD

LAKE WORTH, FL 33467 US GREENACRES, FL 33467 US

New Mailing Address: **Current Mailing Address:**

CMC MGMT CMC MANAGEMENT, INC.

2950 JOG ROAD 2950 JOG ROAD

LAKE WORTH, FL 33467 US GREENACRES, FL 33467 US

FEI Number: 65-0436242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERRISH, SCOTT ASSOCIATED CORPORATE SERVICES, LLC CMC MGMT. INC 6111 BROKEN SOUND PARKWAY NW

2950 JOG ROAD SUITE 200

LAKE WORTH, FL 33467 US BOCA RATON, FL 33487 US

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.

Address:

SIGNATURE: LOU CAPLAN 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BERTAZON, BENJAMIN BERTAZON, BENJAMIN Name: Name: 105 COVE RD Address: 105 COVE ROAD Address:

City-St-Zip: W PALM BCH, FL City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: Title: (X) Change () Addition () Delete

KREITMAN, IRWIN Name: MAST, NORMAN Name: Address: Address:

169 COVE RD 165 COVE ROAD City-St-Zip: W PALM BCH, FL City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: PD () Delete Title: PD (X) Change () Addition

SISSON, NOEL SISSON, NOEL Name: Name: Address: 200 COVE RD Address: 200 COVE ROAD

City-St-Zip: W PALM BCH, FL City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: SIMMONDS, EMA Name: ERSTEIN, HARRIS Address: 176 COVE RD Address: 125 COVE ROAD

City-St-Zip: W PALM BCH, FL City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: VPO () Delete Title: (X) Change () Addition BENNETT, JOAN BENNETT, JOAN Name: Name:

189 COVE RD 189 COVE ROAD City-St-Zip: WEST PALM BEACH, FL City-St-Zip: WEST PALM BEACH, FL 33413 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

SIGNATURE: NOEL SISSON PD 03/25/2009