

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90033 005 ****61.25

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1. Entity Name
HUGHES COVE OWNERS ASSOCIATION, INC.



Principal Place of Business
**1200 S ROGERS CIRCLE
UNIT #11
BOCA RATON, FL 33487**

Mailing Address
**C/O THE CONTINENTAL GROUP, INC.
11981 SW 144 COURT, 201
MIAMI, FL 33186**

50007896



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0462389

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SERRATS, SUSAN
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 1870
CITY-ST-ZIP MIAMI, FL 33130

TITLE President ☒ Change ☐ Addition
NAME Charlene Esserman
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 1870
CITY-ST-ZIP MIAMI, FL 33130

TITLE VPD ☐ Delete
NAME COHEN, ALBERT
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 1870
CITY-ST-ZIP MIAMI, FL 33130

TITLE Vice President ☒ Change ☐ Addition
NAME MRS. PEREZ
STREET ADDRESS 3319 Devon Ct.
CITY-ST-ZIP MIAMI, FL 33130

TITLE STD ☐ Delete
NAME ESSERMAN, RON
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 1870
CITY-ST-ZIP MIAMI, FL 33130

TITLE Director ☒ Change ☐ Addition
NAME EIDSON, Margaret
STREET ADDRESS 3307 Devon Ct.
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Charlene Esserman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

Date

Daytime Phone #