

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-21-2003 90829 005 ***61.25

DOCUMENT # N94000000149

1. Entity Name
HUGHES COVE OWNERS ASSOCIATION, INC.



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

Mailing Address
**1200 S ROGERS CIRCLE
UNIT #11
BOCA RATON FL 33487**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0462389**

Applied For

Not Applicable

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

~~SANDBERG, DONNA
1200 S ROGERS CIRCLE
UNIT #11
BOCA RATON FL 33487~~

*Lisa Lerner, Esq.
Siegfried, Rivlin, Lerner, et al.
201 Alhambra Circle, Ste 1102
Coral Gables, FL 33134*

Name **SKRLD, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 1102
City **Coral Gables** **FL** Zip Code **33134**

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 **SKRLD, Inc. by Lisa A. Lerner**
Signature, typed or printed name of registered agent and title if applicable.

Lisa A. Lerner, Secretary
(NOTE: Registered Agent signature required when reinstating)

3/21/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KAPLAN, NEAL 3471 MAIN HIGHWAY MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFIN, ALICIA 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, SHAROLYN 1221 BRICKELL AVENUE, 24TH FLOOR MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANDBERG, DONNA 1200 S ROGERS CIRCLE, UNIT #11 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Director Susan Serrats 80 S.W. 8th St, Ste. 1870 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Director Albert Cohen 80 S.W. 8th St, Ste 1870 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Ron Esserman 80 S.W. 8th St, Ste. 1870 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lisa A. Lerner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03
Date

3055778550
Daytime Phone #

CR2E037 (10/02)