

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morton

Secretary of State

CORPORATIONS

APPROVED
AND
FILED

MAY -1 4:10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000389 (7)**

1. Corporation Name

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3300 P.G.A. BLVD.
SUITE 900
PALM BEACH GARDENS FL 33410

3300 P.G.A. BLVD.
SUITE 900
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0436242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

OLITZKY, EARL K.
100 RIVER BRIDGE BLVD
W. PALM BCH FL 33413

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAITTA, MATTHEW P
STREET ADDRESS	3300 P.G.A. BLVD., SUITE 900
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410-6542
TITLE	D
NAME	FRANKLIN, MAUREEN A
STREET ADDRESS	3300 P.G.A. BLVD., SUITE 900
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410-6542
TITLE	D
NAME	WHITE, MYRNA J.
STREET ADDRESS	3300 PGA BLVD. STE 900
CITY - ST - ZIP	PALM BEACH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	D
23 STREET ADDRESS	SHORE, STEPHEN L.
24 CITY - ST - ZIP	3300 P.G.A. BLVD., SUITE 900 PALM BEACH GARDENS, FL 33410-6542
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen L. Shore STEPHEN L. SHORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-95
Date

(407) 625-8625
Telephone Number