2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90190 008 ****61.25

DOCUMENT # N93000000389

1. Entity Name

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 RIVER BRIDGE BLVD SUITE 900 W PALM BCH FL 33413 US	100 RIVER BRIDGE BLVD SUITE 900 W PALM BCH FL 33413-2029 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Custom Property Management 2328 S. Congress Ave Suite 2A
City & State	City & State West Palm Beach, FL
Zip / Country	Zip 33406 / Country USA

4. FEI Number 65-0436242 ☐ 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
CAPLAR, LOUIS % ST. JOHN DICKER 500 AUSTRALTAN AVE SOUTH STE 600 W. PALM BCH FL 33401	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROBINS, DANIEL 140 COVE RD W PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NORMAN MAST 165 Cove Rd. West Palm Beach, FL 33413	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KREITMAN, IRWIN 169 COVE RD W PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAPSUTO, LEON 112 COVE RD W PALM BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SISSON, NOEL 200 COVE RD W PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REGA, ROBERT 148 COVE RD W PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED (Noel Sisson) 1-27-00 561-964-2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #