

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90047 033 ****61.25

DOCUMENT # N00000001060

1. Entity Name

LEGATTA COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

12230 FOREST HILL BLVD., STE. 150
 WELLINGTON FL 33414

Mailing Address

12230 FOREST HILL BLVD., STE. 150
 WELLINGTON FL 33414

2. Principal Place of Business

c/o GRS Management Assoc. Inc.

Suite, Apt. #, etc.

3900 Woodlake Blvd STE 201

City & State

Lake Worth, FL

Zip

33463

Country

USA

3. Mailing Address

c/o GRS Management Assoc. Inc.

Suite, Apt. #, etc.

3900 Woodlake Blvd STE 201

City & State

Lake Worth, FL

Zip

33463

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1022914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., STE. 2800
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DREWS, ROBERT	
STREET ADDRESS	12230 FOREST HILL BLVD., STE. 150	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOSSELIN, ANETTE	
STREET ADDRESS	12230 FOREST HILL BLVD., STE. 150	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACKARD, GARY	
STREET ADDRESS	12230 FOREST HILL BLVD., STE. 150	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREWS, Robert	
STREET ADDRESS	1013 N. STATE Rd 7	
CITY-ST-ZIP	Royal Palm Bch FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gosselin, Anette	
STREET ADDRESS	1013 N. STATE Rd #7	
CITY-ST-ZIP	Royal Palm Bch FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Indiviglio, MARIO	
STREET ADDRESS	1013 N. STATE Rd #7	
CITY-ST-ZIP	Royal Palm Bch FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

3/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)