

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

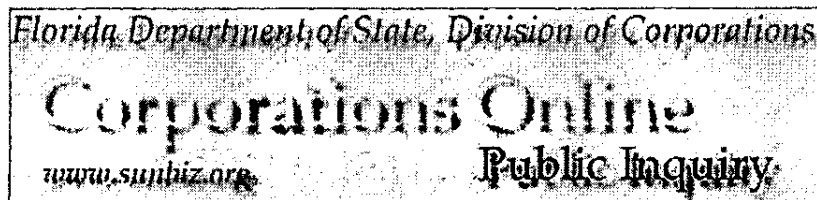
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04202005 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000000389 1. Entity Name SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 100 RIVER BRIDGE BLVD SUITE 900 W PALM BCH, FL 33413 US			Mailing Address CMC MANAGEMENT INC SUITE B LAKE WORTH, FL 33467 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0436242	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Gerrish GARRISH, SCOTT 2994 JOG RD., SUITE B LAKE WORTH, FL 33467			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD ROBINS, DANIEL 140 COVE RD W PALM BCH, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Benjamin Bertazon 105 Cove Rd W Palm Beach, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KREITMAN, IRWIN 169 COVE RD W PALM BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP Joan Bennell 189 Cove Rd West Palm Beach, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISSON, NOEL 200 COVE RD W PALM BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONDS, EMA 176 COVE RD W PALM BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSAN, GEARHART 129 COVE RD WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete		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"/> Delete		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: <i>Noel Sisson</i> (Noel Sisson)			4-21-05		561 964-2439
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>



Florida Non Profit

SOUTH COVE HOMEOWNERS' ASSOCIATION, INC.

PRINCIPAL ADDRESS
100 RIVER BRIDGE BLVD
SUITE 900
W PALM BCH FL 33413 US
Changed 04/17/1996

MAILING ADDRESS
CMC MANAGEMENT INC
SUITE B
LAKE WORTH FL 33467 US
Changed 04/17/2001

Document Number
N93000000389

FEI Number
650436242

Date Filed
01/28/1993

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
GARRISH, SCOTT 2994 JOG RD., SUITE B LAKE WORTH FL 33467
Name Changed: 04/04/2003
Address Changed: 04/04/2003

Officer/Director Detail

Name & Address	Title
ROBINS, DANIEL 140 COVE RD W PALM BCH FL	VPD
KREITMAN, IRWIN 169 COVE RD	VPD

26046575
#N93000000389

W PALM BCH FL SISSON, NOEL 200 COVE RD	PD
W PALM BCH FL SIMMONDS, EMA 176 COVE RD	SD
W PALM BCH FL SUSAN, GEARHART 129 COVE RD	TD
WEST PALM BEACH FL 33413	

Annual Reports

Report Year	Filed Date
2002	03/05/2002
2003	04/04/2003
2004	03/09/2004

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No Events

No Name History Information

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