FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:48

DOCUMENT # 729039 (8)

1. Corporation Name

CLUB HOUSE COVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 CRYSTAL LAKE DRIVE REC. ROOM POMPANO FL 33064 US	c/o O.P.M ~~C/O SOUTHEAST CONDO MGT~~ ~~2005 UNIVERSITY DRIVE~~ 5197 NW 52 ST ~~CORAL SPRINGS FL 33071~~ COCONUT CK US FL. 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1974	3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1610006	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GAIL PARKS
1100 CRYSTAL LAKE DRIVE, 111
1100 CRYSTAL LAKE DRIVE
POMPANO FL 33064

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ D	11 TITLE	D ☐ Change ☑ Addition
NAME	CARTER, CHARLOTTE	12 NAME	SCHAFFER, LEO
STREET ADDRESS	1100 CRYSTAL LAKE DRIVE, 102	13 STREET ADDRESS	1100 CRYSTAL LK DR, 116
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	POMPANO BCH, FL. 33064
TITLE	~~VPD~~ D	21 TITLE	☐ Change ☐ Addition
NAME	MASCLANDARO, VIOLET	22 NAME	
STREET ADDRESS	1100 CRYSTAL LAKE DRIVE, 105	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL ~~00000~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	~~MORGAN, HELEN~~ JANE BICKFORD	32 NAME	
STREET ADDRESS	1100 CRYSTAL LAKES DR, 101	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	
TITLE	~~SD~~ D	41 TITLE	☐ Change ☐ Addition
NAME	PARKS, GAIL	42 NAME	
STREET ADDRESS	1100 CRYSTAL LAKE DRIVE, 111	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE	~~ST~~ S	51 TITLE	☐ Change ☐ Addition
NAME	~~TUCKER, MICHELLE~~ MARY MCGUIRE	52 NAME	
STREET ADDRESS	1100 CRYSTAL LAKE DRIVE, ~~112~~ 201	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL ~~00000~~	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	LABELLA, ~~DOROTHY~~ SAL	62 NAME	
STREET ADDRESS	1100 CRYSTAL LAKE DRIVE, 115	63 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	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 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Violet Mascandaro
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000031