

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729039 (8)

1. Corporation Name

CLUB HOUSE COVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1100 CRYSTAL LAKE DRIVE
REC. ROOM
POMPAHO FL 33064
US

5197 NW 52 ST
COCONUT CREEK FL 33073
US



3. Date Incorporated or Qualified

03/04/1974

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CARTER, CHARLOTTE
STREET ADDRESS 1100 CRYSTAL LAKE DRIVE, 102
CITY - ST - ZIP POMPAHO BEACH FL

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME MICHAEL Oliveri
1.3 STREET ADDRESS 1100 crystal lake drive 102
1.4 CITY - ST - ZIP POMPAHO BEACH FL

TITLE ~~B D~~ ☐ DELETE

NAME MASCIANDARO, VIOLET
STREET ADDRESS 1100 CRYSTAL LAKE DRIVE, 105
CITY - ST - ZIP POMPAHO BCH, FL 00000

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ~~B SEC/TREAS.~~ ☐ DELETE

NAME BICKFORD, JANE
STREET ADDRESS 1100 CRYSTAL LAKES DR #101
CITY - ST - ZIP POMPAHO BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ~~B P~~ ☐ DELETE

NAME PARKS, GAIL
STREET ADDRESS 1100 CRYSTAL LAKE DRIVE, 111
CITY - ST - ZIP POMPAHO BEACH FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ~~V.P. LAWRENCE BEATTY~~ ☐ DELETE

NAME ~~MOORE, MARY~~
STREET ADDRESS 1100 CRYSTAL LAKE DR #108
CITY - ST - ZIP POMPAHO BCH, FL 00000

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ~~D~~ ☐ DELETE

NAME ~~VIRGINIA LAUR~~
STREET ADDRESS 1100 CRYSTAL LAKE DR #112
CITY - ST - ZIP POMPAHO BEACH FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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4.16

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)