

**CORPORATION
ANNUAL REPORT
1997**



Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 04 1997 8:00am
Secretary of State

DOCUMENT # 729039

1. Corporation Name

CLUB HOUSE COVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1100 Crystal Lake Drive
Pompano Beach, FL 33064**

**1100 Crystal Lake Dr.
Pompano Beach, FL 33064**

3. Date Incorporated or Qualified
3-4-1974

3a. Date of Last Report
4-16-96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1610006

Applied For
Not Applicable

21. Suite, Apt. #, etc.

2a. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**James R. Miles
7686 Wiles Road
Coral Springs, FL 33067**

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

JAMES R. MILES, MANAGER Aug 22, 1997

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	President	<input type="checkbox"/> DELETE
NAME	Violet Masclandaro	
STREET ADDRESS	1100 Crystal Lake Dr. #105	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Virginia Laur	
STREET ADDRESS	1100 Crystal Lake Dr. #112	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Dorothy Labelia	
STREET ADDRESS	1100 Crystal Lake Dr. #115	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Charlotte Carter	
STREET ADDRESS	1100 Crystal Lake Dr. #120	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Larry Evans	
STREET ADDRESS	1100 Crystal Lake Dr. #103	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****61.25**

14. I do 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 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 (9/96)