

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90126 013 ****61.25

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DOCUMENT # 729039

1. Corporation Name

CLUB HOUSE COVE ASSOCIATION, INC.

Principal Place of Business

1100 CRYSTAL LAKE DRIVE
POMPANO FL 33064
US

Mailing Address

1100 CRYSTAL LAKE DRIVE
POMPANO FL 33064
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/04/1974

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

9. Name and Address of Current Registered Agent

MILES, JAMES R
7686 WILES ROAD
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

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 617.0512 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 reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MASCLANDARO, VIOLET	
STREET ADDRESS	1100 CRYSTAL LAKE DRIVE, # 105	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCGUIRE, MARY	
STREET ADDRESS	1100 CRYSTAL LAKE DR 201	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, MARIE	
STREET ADDRESS	1100 CRYSTAL LAKE DR 107	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	CARTER, CHARLOTTE	
STREET ADDRESS	1100 CRYSTAL LAKE DR, #102	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	EVANS, LARRY	
STREET ADDRESS	1100 CRYSTAL LAKE DRIVE, # 103	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VIRGINIA LAUER	
1.3 STREET ADDRESS	1100 Crystal Lake Dr	
1.4 CITY-ST-ZIP	Pompano FL 33064	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tom Kotchie	
2.3 STREET ADDRESS	1100 Crystal Lake Dr 113	
2.4 CITY-ST-ZIP	Pompano FL 33064	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GAIL PARKS	
3.3 STREET ADDRESS	1100 Crystal Lake Dr # 111	
3.4 CITY-ST-ZIP	Pompano FL 33064	
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		

14. 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 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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 954
341-7540

CR2E037 (11/98)