

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90098 041 ***61.25

DOCUMENT # 729039

1. Entity Name
 ClubHouse Cove Association, Inc.

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1610006

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Miles, James R
 7686 Wiles Rd
 Coral Springs, FL 33067

Name Leslie, Thomas
 Street Ad 221 W Camino Real
 City Boca Raton FL Zip Code 33432

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.

SIGNATURE

T. Thomas Leslie Pres. Mgr. Thomas Leslie

4/25/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Delete
NAME	LAUER, Virginia	
STREET ADDRESS	1100 Crystal Lake Dr #	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VP	☒ Delete
NAME	Kotchee, Tom	
STREET ADDRESS	1100 Crystal Lake Dr # 113	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	5	☒ Delete
NAME	PARKS, Gail	
STREET ADDRESS	1100 Crystal Lake Dr # 111	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	☐ Delete
NAME	CARTER, Charlotte	
STREET ADDRESS	1100 Crystal Lake Dr # 102	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	DP	☐ Delete
NAME	EVANS, LARRY	
STREET ADDRESS	1100 Crystal Lake Dr # 103	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	☐ Change ☒ Addition
NAME	Privitera, Peter	
STREET ADDRESS	1100 Crystal Lake Dr # 104	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VP/Sec	☐ Change ☒ Addition
NAME	Bickel, Beth	
STREET ADDRESS	1100 Crystal Lake Dr # 108	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	☐ Change ☒ Addition
NAME	Masciandaro, Violet	
STREET ADDRESS	1100 Crystal Lake Dr # 105	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		☐ Change ☐ Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas Leslie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #