

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90041 029 \*\*\*\*\*61.25

UNIFORM

**DOCUMENT # 729039**

1. Entity 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

11606 NW 19 Dr  
 Suite, Apt. #, etc.

3. Mailing Address

Brock Management  
 PO Box 770866  
 Suite, Apt. #, etc.

City & State

Coral Springs, FL  
 Zip 33071 Country USA

City & State

Coral Springs  
 Zip FL 33071 Country USA

4. FEI Number

59-1610006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MILES, JAMES R  
 7686 WILES ROAD  
 CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Jane Brock

Street Address (P.O. Box Number is Not Acceptable)

11606 NW 19 Dr.

City

Coral Springs

FL

Zip Code

33071

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

Jane M Brock

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAUER, VIRGINIA	
STREET ADDRESS	1100 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KOTCHEE, TOM	
STREET ADDRESS	1100 CRYSTAL LAKE DR 113	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PARKS, GAIL	
STREET ADDRESS	1100 CRYSTAL LAKE DR 111	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, CHARLOTTE	
STREET ADDRESS	1100 CRYSTAL LAKE DR, #102	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	DP	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Beth Bickel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1100 Crystal Lake Dr.	
STREET ADDRESS	Pompano Beach, FL 33064	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Virginia M. Lauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)